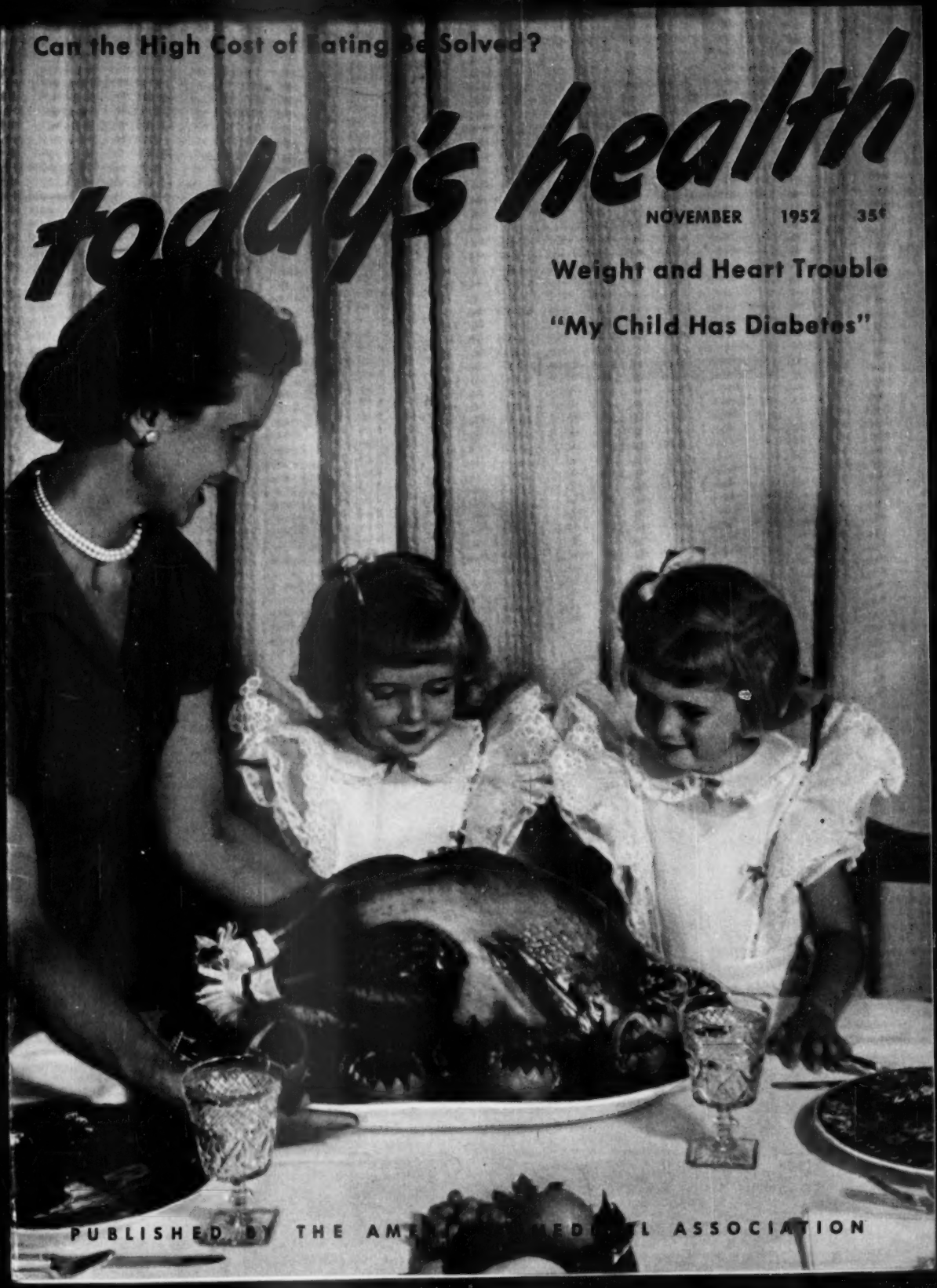
Can the High Cost of Eating Be Solved?

today's health

NOVEMBER 1952 35¢

Weight and Heart Trouble

"My Child Has Diabetes"



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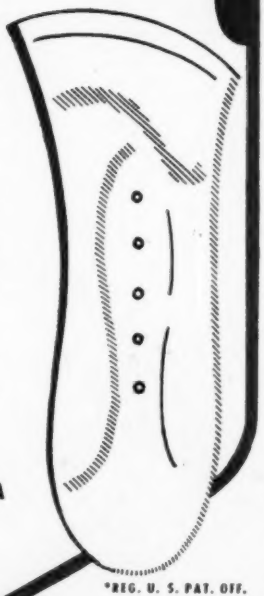

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BATTLE CREEK, MICH.....David B. Block Co.
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BOSTON.....Thayer McNeil
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today's health contents

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Edited by W. W. BAUER, M. D.

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A PLATFORM FOR TODAY'S HEALTH

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A fight against fraud and quackery

TODAY'S HEALTH is dedicated to this platform, in harmony with the 12 point Health Program of the American Medical Association. These objectives are immediate focal points toward which the policy of TODAY'S HEALTH is specifically directed.

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Burns ALL THE FAMILY Cuboids
WEST PALM BEACH, FLA. ..... Anthony's
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Protein in Fish

Question. Is fish considered a good source of protein? What other desirable nutritional items are obtained from them? Michigan

Answer. According to studies made by various agencies, the protein of fish compares favorably with that of meat and eggs so far as its biological value is concerned. Pound for pound, the edible portion of fish contains about the same amount of protein as meat. For example, canned salmon contains about 20 grams of protein per 100 grams of fish as compared with about 19 grams from beef, 12 grams from pork and 13 grams from eggs. Because of its low fat content, the calorie value of fish is less than meat. Another element present in significant amounts in fish, as well as in meat and eggs, is calcium. Salmon has 67 milligrams of it and oysters 68 milligrams per 100 grams compared with 11 for beef and 54 for eggs. Salt-water fish is also an excellent source of iodine.

Stocking Irritation

Question. I developed a severe skin outbreak on my legs after wearing a new pair of nylon stockings. Do you think this means I am sensitive to nylon? The stockings were black. Maryland

Answer. More information would be required, especially about the nature of the skin eruption, before any exact statement could be made about its being a sensitivity reaction. But nylon in itself is not considered in any way harmful to the skin either as a producer of allergy or as an irritant. The most likely source of the trouble, if it is definitely related to the stockings, is probably the dye, but of course other substances used in the finishing processes should also be suspect. An untrained person cannot determine this for himself. Probably your most satisfactory course would be to ask your doctor, or perhaps a dermatologist or allergist, to help you locate the trouble.

Substitute Eye Lens

Question. My mother, who is 75, has a cataract on one eye and the other eye also appears to be getting involved. Recently I read a newspaper report about a special plastic lens that could be used to restore vision in such cases. What can you tell me about this? The doctor says my mother is not in condition for any operation. North Dakota

Answer. It is more accurate to identify a cataract as being in the eye rather than on it, because it involves the lens, located behind the pupil. The account you read apparently referred to development of a plastic lens that could be substituted for a lens removed because of cataract formation. Earlier this year a report appeared in a British medical publication on this development. The prospect seems encouraging, but obviously this is a highly technical matter that must await further study.

In any event, your mother's present condition means that the lens could not be used in her case, since before the artificial lens could be inserted the affected lens of the eye would have to be removed. Even if the exchange could be made immediately, it would mean an operation. As long as the cataract is present no lens applied on the surface of the eye, as contact lenses are, or placed before the eye can restore vision. Of course eye surgeons have for many years removed lenses clouded by cataracts and provided patients with reasonably satisfactory vision by fitting them with glasses strong enough to do what the eye's lens formerly did.

Nothing except an operation can cure cataract despite claims made for material injected or taken by mouth.

Removing Freckles

Question. What is the cause of freckles? Can you recommend a good ointment to remove them? I have tried lemon juice with not very good results. What is the technical name for freckles? Iowa

Answer. Freckles, or ephelides, are localized deposits of pigment caused by exposure to the sun. They are in one of the lower layers of the skin and no medicine, either for internal use or local application, will remove them permanently. It is possible to remove them temporarily by local treatment, but it shouldn't be tried by an untrained person. Perhaps your wisest course is to consult a dermatologist. The tendency to freckle is usually principally a matter of inheritance, and is most common in people with blond or red hair. Another term sometimes used for freckle is lentigo.

Tobacco and Blood Pressure

Question. Is the use of cigarettes and moderate amounts of coffee considered a cause of high blood pressure? A friend has avoided these all his life because his parents both had pretty severe high blood pressure, and he claims that because of his precaution he will not have to worry. He keeps warning me about my habits, but an examination I had a year ago did not show anything wrong. Virginia

Answer. Undoubtedly your friend is wise in abstaining from tobacco and coffee because it is believed

Meat Helps Make Americans the World's Best Nourished People

Recent estimates of the U. S. Department of Agriculture show that the per capita consumption of meat in the United States approaches seven ounces per day. How effectively this average amount of meat in the daily diet contributes to making Americans the world's best nourished people is indicated by the following data. The figures give the average amounts of protein, iron, phosphorus, niacin, riboflavin, and thiamine provided by six-ounce servings of cooked meat (averages of the amounts furnished by six ounces each of cooked beef, lamb, pork, and veal)* and their percentages of the daily dietary allowances recommended by the National Research Council for a sedentary man (154 lb.).

	Amounts per 6 oz.† of Average Cooked Meat	Percentages of Recommended Daily Dietary Allowances
Protein (Biologically complete)	44 Gm.	63%
Iron	5.6 mg.	47%
Phosphorus	414 mg.	28%
Niacin	9.5 mg.	79%
Riboflavin	0.44 mg.	24%
Thiamine	0.50 mg.	42%

† 7 oz. of fresh meat, when cooked, weigh approximately 6 oz.

The important nutrients of meat, however, are not limited to those given above, for which the amounts needed for adequate nutrition have been established. Other nutrients provided by meat, but for which daily needs have not yet been established, include other members of the B complex—biotin, choline, folic acid, inositol, pantothenic acid, pyridoxine, and vitamin B_{12}—and many minerals essential in nutrition.

Every cut and kind of meat supplies these many nutrients for promoting health and efficiency in adults, and for health and good growth and development in children. Besides, meat is rapidly and almost completely digested, and its extractives stimulate the flow of gastric juice. Hence there is sound justification—nutritional, physiologic, and psychologic—for meat being a favorite food in the diet of the American people and in special diets prescribed by the physician.

*Watt, B.K., and Merrill, A.L.: Composition of Foods—Raw, Processed, Prepared. Agriculture Handbook No. 8. United States Department of Agriculture, Bureau of Human Nutrition and Home Economics, 1950.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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both of these may stimulate blood pressure elevation in potential hypertensives, sometimes referred to as prehypertensives. Your friend is probably in that classification because the tendency to develop high blood pressure is at least in part inherited. However, the stimulation from tobacco varies considerably from person to person, some being markedly affected and others not affected at all. It may be that you are in the latter group, and also that you do not have a family history of high blood pressure. Whether your friend can avoid the development of at least some degree of hypertension all his life is a matter of conjecture. Moderate living and avoidance of overweight would be additional factors in his favor. He is to be commended for his foresight, since it is certainly better to have a definite program than to adopt a fatalistic attitude about the future.

Answers given here are limited to brief replies to specific questions. Full discussion is not intended. Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are answered through the cooperation of the American Dental Association.

Low Blood Sugar

Question. After several years of feeling weak and worn out all the time, I finally had a medical checkup, and my doctor says my blood sugar is too low. At first he thought I might have a tumor of the pancreas. After some tests he said it is not that, but that I appear to produce too much insulin. He has me on a special diet, and I am feeling much better, but I would like to know more about this condition. My doctor says there is a book on it and suggested that I write you for information about it. Kansas

Answer. We believe your doctor refers to the recent book on this subject, "Body, Mind and Sugar," by E. M. Abrahamson, M.D., and A. W. Pezet. According to that volume, the condition known as hyperinsulinism or hypoglycemia is probably much more common than is suspected. It states that many severe disorders may be produced if the condition is left untreated. The book was reviewed in the September, 1952, issue of *Today's Health*.

Arcus Senilis

Question. I have a ring of yellowish material on each eyeball a half-inch or so from the pupil. A friend has told me that this means I have arteriosclerosis pretty bad, but the last time I saw my doctor he did not say anything special. Is my friend right; if so, what can I do about it? I am 68. Nevada

Answer. Without an opportunity to examine you, we can only make a guess that the condition is arcus senilis. This is a form of fat-like deposit that, as the name suggests, occurs most commonly in later life. The opinion expressed by your friend is held by some students of arteriosclerosis, but others deny any close relationship between the two conditions. Your friend may be right simply because hardening of the arteries does occur to some extent in virtually all of us as we grow older. But, as you have suggested, your doctor undoubtedly would have mentioned it if he had found any evidence of advanced arterial hardening during your last examination.

Changes in Pupils

Question. A friend says he heard of a man who suffered a stroke that rendered him helpless and speechless for several months, but that he was able to signal to his family by dilating or contracting his pupils. Do you think this is possible?

Idaho

Answer. Only in a very limited way. Widening or contracting the pupils is not under voluntary control, but is an involuntary reaction depending principally on the amount of light thrown on the eyes. Presumably one could cause the pupils to contract somewhat by opening the eyes widely, and conversely the pupils will expand if the lids are nearly closed. But such eyelid movements probably would be more expressive than the variable amount of pupil

expansion or contraction that might be accomplished. Other stimuli, such as sudden fright or changing from near to far vision use of the eye (known as accommodation), produce dilation of the pupil. The latter is the only pupil reflex that is under voluntary control.

Burning up Fat

Question. Can protein or "protein pills" help me burn up excess fat?

Illinois

Answer. On the basis of present knowledge, extra protein does not predispose to the burning of excess body fat. Excess fat can only be utilized when the daily intake of food is not sufficient to meet the daily caloric needs. Then the body uses its fat deposits as a source of supplemental fuel. Similarly, when the daily intake of food exceeds the daily caloric requirement, the excess is deposited as fat in the body. Thus, too much protein is either burned as fuel or stored as fat, although there is some question whether appreciable protein is converted to fat.

Mouth-to-Mouth Breathing

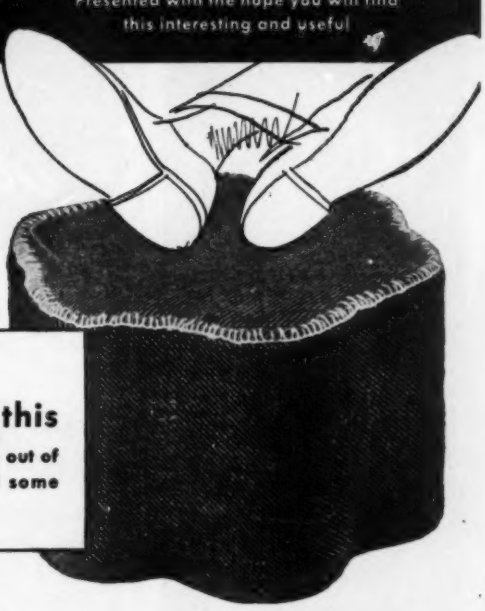
Question. What happens when a baby stops breathing and someone breathes into the baby's mouth? Does the person breathe oxygen or carbon dioxide into the baby's lungs?

Washington, D. C.

Answer. The principal and most important effect produced when one applies mouth-to-mouth breathing in a baby is expansion of the lungs, presuming that cessation of breathing has not been due to some obstruction in the child's windpipe. The lung expansion, which should be repeated at regular intervals, helps to restore the normal regular rhythm of breathing. Because the person's breath is being exhaled, it will contain a greater proportion of carbon dioxide, but some oxygen will still be present. Since carbon dioxide is a respiratory stimulant, its presence is probably more beneficial than otherwise. But under the emergency circumstances of such a situation, this is relatively unimportant.

Something To Make

Presented with the hope you will find this interesting and useful

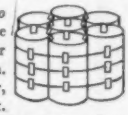


Easy to make this Footstool out of 7 tin cans and some old material

This time of year, young people get enthused over making things for gifts or to sell. And this easy-to-make footstool has an extra appeal because it costs practically nothing and from start to finish it takes less than an evening to make.

Your materials are: 7 empty fruit or juice cans (7" tall). Sticky tape. 6 yards of strong string. 2 pieces of cardboard each 14" square. Same amount of padding. Some old, durable fabric (2 pieces each 16" square; 1 piece 10" x 43"). Sewing thread. Bright yarn or soft string and big-eyed needle.

Simple directions: 1 *To make the frame*—Remove one end of all cans in order to have smooth edges. Wash. Using one can for center, group other six around it. This gives shape. *Keep all open ends at bottom; solid ends are the top.* Tape all cans together and bind securely around and around with strong string near top, bottom, middle. Then tape string to cans. Your frame is now built.

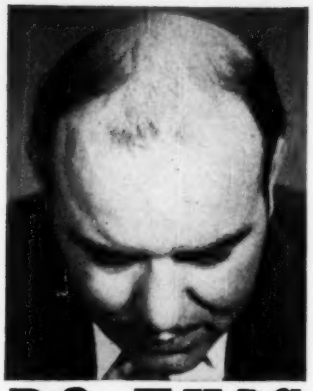


2 *To pad top and bottom of frame*—Set frame on cardboard; trace pattern. Cut out. Use this to get shape of duplicate cardboard and two paddings. (Also for top and bottom of fabric for cover, allowing extra 1" for seams.) Tape one padding to each cardboard. Tape to top and bottom of frame, padding side up. You are now ready for the covering.

3 *To make covering*—You already have top and bottom pieces of fabric cut to shape. Now for side piece: cut straight strip of fabric 10" x 43" (this is 2" longer than circumference and 3" wider than height of frame). Sew this to top piece, right sides together (allow 1" seam). Snip back at indentations to make top and bottom lie flat. Turn covering right side out and slip over frame. Slip stitch side seam. Sew edge of side piece at bottom of frame with stitches criss-crossing from side to side like spokes of a wheel. At indentations, pull tightly in order to hold shape of frame. Turn in edge of bottom fabric and slip stitch to covering. Ornament top edge with blanket stitch in bright yarn or soft string. And here's the footstool.

YOUNG PEOPLE JUST NATURALLY enjoy delicious Wrigley's Spearmint Gum. It's such a wholesome treat, too. The lively flavor satisfies yet won't hurt appetite and, the pleasant chewing helps keep teeth bright. *Try it.*

IF BALD



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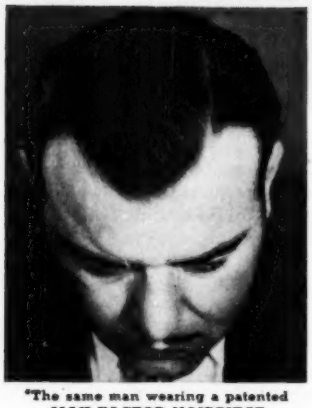

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Coming in today's health

SAVING PREMATURE BABIES

By Edith L. Potter, M.D.

With good care in a properly equipped hospital, 85 to 90 per cent of premature babies live and are entirely normal. But prematurity is still eighth of the leading causes of death. Next month, *Today's Health* will bring you an authoritative summary of what has been done about preventing premature births, what is being done for babies born too soon, and what doctors and research centers are working on for the future.

EYESTRAIN

By Louis J. Girard, M.D.

Eyestrain, Dr. Girard suggests, is a price we pay for progress. He tells of five causes for it, most of which would never bother us if our eyes weren't called upon for the many close tasks required in an industrial civilization. We don't need to head for the caves and trees, however, because ordinary strain can have no permanent effect on the eyes. This article will allay many fears about eyesight, and will help the reader understand what his eye doctor is up to.

DIETING IS NOT FUN, BUT...

By Eileen Burke

If it's sympathy you're wanting, it's right here—provided you are seriously trying to reduce, and stay reduced. Miss Burke has made a lifetime career of this worthy endeavor, ever since, at ten, she found herself the target of a photographer's curt command addressed to "Fatty." She has worked out a wonderful philosophy and a good many helpful tricks, and now, firmly established at a svelte size 12, she passes them on to all who seriously want to join her.

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DRINK IT
dissolved in water

MIX IT
with their food

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New, *flavored* Children's Size Bayer Aspirin provides all the advantages of regular Bayer Aspirin—and, at the same time, tastes so good your youngster will willingly chew it or let it melt in his mouth... drink it dissolved in water . . . or eat it mixed with his food.

Because doctors usually prescribe "half an aspirin" for children . . . and because each new Children's Size Bayer Aspirin tablet equals half of a regular size tablet, it's the most convenient children's size aspirin to use.

Flavored Children's Size Bayer Aspirin Saves You Money! *Flavored* Children's Size Bayer Aspirin costs *far less* to use than any other children's size aspirin. 24 tablets—tablets half the size of regular Bayer Aspirin—only 15¢. Buy new, *Flavored* Children's Size Bayer Aspirin!

New FLAVORED Children's Size

BAYER ASPIRIN

HEARD in the Editor's neighborhood: Eight year old Joan, anxiously watching the sunny sky for rain, suddenly asked her mother, "Mommy, didn't the weatherman on television last night say it would rain?" "Yes, dear," Mother replied. "Well," Daughter responded with a sigh, "I guess God didn't hear him."

• • •

NEIGHBORHOOD MYSTERY: On a freshly oiled street in a suburb there suddenly appeared, less than a block apart, two paths of finely crushed stone leading across the street. After some investigation, it developed that the six year olds had industriously robbed the driveways of surfacing in order that their playmates could cross the street without getting oily. "We were lonesome," they explained.

• • •

SALT WATER will make lather, says reader Irving Schmolka of Astoria, Long Island, despite what author Celia Darlington says about it in her "Adventures in Bathing" (July *Today's Health*)—but you have to have the right kind of detergent. Name on request.

• • •

SOME TIME AGO the Editor was so incautious as to venture into the field of verse, and promptly got his ears pinned back by a poet contributor who suggested that if the Editor could practice versification, why not poets practice medicine? Now comes Roy Eastman, advisor to the T H editorial staff, with a bit of versified cynicism. Says Roy:

Rain is the greatest boon to men,
That God has instituted;
I love the rain for only then
Does my car get abluted.

• • •

PUBLICITY IS WONDERFUL, as has just been demonstrated to the Editor through the columns of a local weekly in which appeared the report of his trip to Arizona to attend a workshop. The Editor, it was reported, "has just returned from a trip to Arizona, where he visited a workshop which he owns in conjunction with the American Medical Association . . ." How words can confuse us! A carpenter has a workshop; so has a painter; a plumber, an upholsterer. But an artist has a studio, a writer a study—and so on.

The kind of workshop attended by the Editor in Arizona is not owned by anybody. It is a place where professional people, in this case teachers, assemble to study and discuss their problems—in this case health among school children. In such workshops, a part of the personnel consists of consultants, of whom the Editor was one. But consultants don't own workshops—they are free forums for exchange of opinions through which conclusions are reached.

Workshops have proved one of the most useful and democratic methods for dealing with problems and formulating policies. Progress toward the better health of school children has been due in large measure to workshops.

Even consultants can learn something at these meetings, the Editor discovered at the Arizona workshop. The first question asked of him left him flatfooted and unable to answer. A teacher from a school on the Indian reservation inquired as to what to do about pupils addicted to peyote. This, it turned out, is a drug produced from a cactus root, which has much the same effect as other narcotics. Addiction among Indians is a serious problem. Once the unfamiliar Indian-Spanish name had been explained, the answer to the teacher's question was fairly obvious. To combat addiction to any drug requires a long and slow process of education, coupled with every possible effort to provide the best means for self-expression and other satisfactions in living, to remove any need for retreat into addiction.

But for a while they really had the Editor . . . CORNERED.

W. W. Bauer, M.D.

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The Heart and Athletics

Question. How much danger is there of a child getting an enlarged heart from playing school games? What is the best way to guard against such a possibility? Vermont

Answer. Ordinarily, no appreciable enlargement occurs in a normal heart as a result of participation in school athletics. As a matter of fact, physicians do not consider it possible for a normal heart to be affected even by strenuous exercise, since fatigue or exhaustion serves as an automatic check to guard the heart. If a heart has some basic abnormality, such as valvular insufficiency or a developmental defect, it may become enlarged simply because of that. It is always recommended that a careful heart examination be made of children at regular intervals, and this is even more important for children who are to engage in sports. We presume from your use of the word child that you are referring to elementary school sports. Efforts are being made to improve health supervision at this level, but unfortunately it is far from common practice. Parents would be wise to have the family doctor carry out any studies he believes necessary.

Baby's Blood His Own

Question. Is it true that there is not a drop of the mother's own blood in her child. What about the blood type; is it the same? Texas

Answer. It is correct that none of the mother's blood ever enters the circulation of the child she carries. All blood elements of the fetus develop from embryonic tissue that begins forming as soon as conception occurs. These elements are contained in a closed system of arteries, capillaries and veins in the child. Through the mother's blood the child is provided with the various food elements necessary for growth and development. The transfer from the mother's blood to that of the infant takes place in the placenta, where the two blood streams are separated only by the thin walls of the capillaries. In the same way, waste products from the infant's body are transferred to the mother's blood for ultimate excretion. The blood type is inherited from both parents according to the laws of heredity.

Arches in Shoes

Question. I believe that my young son has flat feet, and I would like you to recommend a satisfactory arch to put in his shoes. He had a severe attack of fever when quite young. Do you think that might have caused the foot trouble? Missouri

Answer. Before you try any home treatments it would be advisable to have your child's feet examined by your doctor. He can decide whether the attention of a specialist is required. If the feet are actually flat, corrective measures can be employed, but we cannot recommend casual use of arches in his shoes. Without exact information about the type of foot disability, this might do more harm than good. It is even possible that prolonged use of artificial support might weaken the foot

muscles, so the condition would be worse than before. Flat feet are not caused by either disease or injury; therefore any direct connection between the fever attack and your son's foot problem seems unlikely.

Filling Primary Teeth

Question. Does filling the primary teeth weaken the second teeth? Isn't it true that the primary teeth should be left in even if they are defective, so that proper space will be saved for the second teeth? Ohio

Answer. Filling or cleaning of the primary teeth does not cause any harmful reaction in the unerupted second teeth. A healthy tooth is nature's space maintainer, but an infected or otherwise defective tooth may be a menace to health. If the tooth cannot be treated and filled properly it should be extracted. Your dentist can decide whether a space maintainer is needed after extraction.

Sun and Humidity

Question. Our doctor has said it is important that our little boy have as much natural sunlight as possible because of a chronic skin condition, and I should like to know the part of the country where this may be obtained. It would also be helpful if the humidity is fairly high. What do you recommend? How about Miami? Pennsylvania

Answer. According to information provided by the weather bureau of the U. S. Department of Commerce, the large city with the greatest average total of sunshine hours a year is Phoenix with 3752 hours. Close to this is Fort Worth, 3610, and El Paso, 3546. Of these, Fort Worth has the highest relative humidity: 67 per cent. Both Phoenix and El Paso have a considerably lower humidity, 42 and 41 per cent respectively. Records show that Miami has an average total of 2931 sunlight hours a year, with humidity of 76 per cent.

Dental questions are often included here through the cooperation of the American Dental Association. *For* Child Training *see page 68.*

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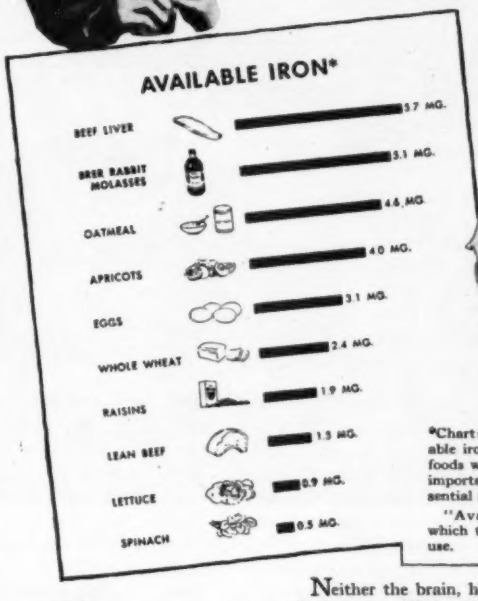

*Chart shows amounts of available iron per 100 Grams—in foods which are known to be important sources of this essential mineral.

"Available" iron is iron which the body can actually use.

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AN EDITORIAL

BEWARE OF DEVICE QUACKERY

THERAPEUTIC claims made today for certain devices have the ring of the great promises made years ago by "medicine men" in peddling their drug cures. A contrivance emitting light through colored glass slides "to be attuned to the patient's disorder in order to normalize the body" is one of the most flagrant offenders encountered by the Food and Drug Administration in recent years. Thousands of people obtained this device. Two lengthy and involved court trials were necessary to end the serious and blatant misbranding.

In 1938 the Federal Food, Drug and Cosmetic Act brought the interstate shipment of devices under federal jurisdiction. Instruments, apparatus and contrivances intended for diagnosis, cure, treatment, mitigation or prevention of disease or to affect the structure or function of the body of man or other animals are subject to specific labeling and safety requirements. Under this law, legal action can be brought against dangerous or misbranded devices and against their manufacturers.

Whether harmful or merely useless, quack devices are a threat to their purchasers. Not infrequently the excessive cost causes serious financial hardship. In addition, there is a serious threat to health when a misguided user comes to rely on a gadget instead of obtaining proper medical care. This is of utmost significance in such illnesses as cancer, diabetes, arthritis, infectious diseases and heart disease when delay may result in irreparable damage to the misguided patient. If you contemplate using any therapeutic device, it is wise to talk it over with your physician who can either tell you how useful it is or help you obtain full information.

Under the provisions of the 1938 law, devices must be both useful and safe. Adequate directions for the uses for which they are sold, as well as adequate warnings against misuses, are required. Most of the recognized devices that fill these requirements are so complex that only competent physicians or trained technicians can employ them safely and effectively. They should be limited to such professional use. In unskilled hands, they may be downright dangerous. The unsupervised home use of diathermy machines, for example, is dangerous. And x-ray machines may cause serious burns and delayed body changes including skin cancer. X-ray devices for removal of superfluous hair have recently been held dangerous by federal courts.

On the other hand, many worthless units are being foisted on the public, including such things as electromagnetic belts, rollers for reducing, colored neon lights, metal plates claimed to generate electricity in the body and chlorine generators. This representative list of unrelated types of devices indicates the wide variety of instruments against which the Food and Drug Administration has taken legal action. Since the war the number and variety of worthless contrivances has increased. Most of the recent innovations claim to use radioactive energy to produce physiological changes in the body. Examination of such units to date has not revealed any which had measurable quantities of the energy claimed to be present. Not infrequently the operations of useless devices are knowingly cloaked in an aura of mysticism to make it appear that they have properties understood only by the inventors. The promoters realize that their incomes will be stopped if false claims are eliminated.

Effective enforcement of the Federal Food, Drug and Cosmetic Act depends in large measure on the cooperation received from professional groups. Even before the sections on devices were included in the Act, the Council on Physical Medicine and Rehabilitation of the American Medical Association was actively engaged in investigating devices and reporting the results to interested people and medical groups. The law has in no way decreased its vigilance. In addition, the American Congress of Physical Medicine has designated a special committee to cooperate with the Food and Drug Administration and give assistance and guidance in technical matters concerning devices.

Although the number of offenders is small compared with the number of manufacturers who are complying with the requirements of the Act, it takes ever-increasing vigilance to remove misbranded devices from the market. It cannot be stressed too strongly that the protection to be gained by enforcement of the Act requires the continued effort of everyone. Whenever you encounter devices that appear to be improper you should inform the Food and Drug Administration or the Council on Physical Medicine and Rehabilitation of the American Medical Association so that a thorough investigation can be undertaken to determine their therapeutic usefulness, if any, and their limitations.

by IRVIN KERLAN, M.D.

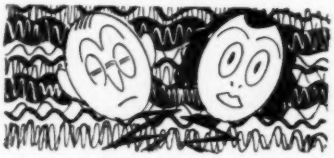
Acting Medical Director,
U.S. Food and Drug Administration

today's health News

TELEVISION NECK

That's what Dr. William Kaufman of Bridgeport, Conn., calls stiff neck and pain coming from keeping the head and neck in strained positions for long periods while watching TV. Some people keep up the faulty posture afterward, whether sitting or standing.

"When television neck occurs in both husband and wife and each



has a favorite chair and position for viewing television, the limitation in movement and the discomfort occur mainly on one side in the husband, and on the other side in the wife."

The remedy, he says in the A.M.A. *Journal*, is not to watch TV, or to raise the set so the screen can be seen comfortably by all watchers.

GERMAN MEASLES

In a survey, Dr. David J. Rutstein, Rita J. Nickerson and Dr. Felix P. Heald of Harvard Medical School find that more children with congenital heart disease were born in the months October through January than other months. The increase in those with patent ductus arteriosus was especially significant. German measles, contracted by the babies' mothers during the first three months of pregnancy, may be responsible, they suggest in the A.M.A. *American Journal of Diseases of Children*. Late winter and early spring are the season of high incidence of German measles in Massachusetts. The measles attack is blamed for other congenital troubles also.

FATNESS HAZARD

Evidence that obesity damages the liver is reported by Dr. Samuel Zelman, Topeka, in the A.M.A. *Archives of Internal Medicine*. The evidence comes from liver function tests and biopsies on 20 men 50 to 100 per cent overweight.

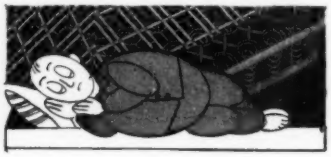
The injury, he says, may come from increased work load put upon the liver, the customary fat people's diet high in carbohydrates and fat but low in proteins, and an increased need for B vitamins imposed by such a diet. For reducing, he recommends a diet high in protein supplemented by B complex vitamins.

SELENIUM AND TEETH

A study of children in two Oregon counties finds more evidence that tiny amounts of selenium in drinking water or food may make human teeth more susceptible to dental decay. How it may work to do this isn't known, say Drs. D. H. Hadjimarkos, C. A. Storvik and L. F. Remmert in the *Journal of Pediatrics*.

POSITION COUNTS

Many people show a fall in blood pressure when they lie on the left



side, reports Dr. Paul Stein, New York, in the A.M.A. *Archives of Internal Medicine*. He found lower pressure in the majority of 100 persons when they took that position compared with lying on the right sides or backs or sitting up. The fact could be important in some types of heart and chest troubles.

STOP BITING

Damage to gums as well as teeth can come from biting fingernails or lips, or habitual propping of the chin in your hand, says Dr. John S. McKenzie, Veterans Administration Hospital, Coral Gables, Fla. There are at least 36 bad mouth habits, he writes in the *Journal of the American Dental Association*. Any habit involving clenching, grinding or rocking of the teeth can be harmful.

PHYSICAL MEDICINE

The thirtieth annual session of the American Congress of Physical Medicine brought forth these reports:

Carefully selected exercises can restore strength and prevent later stiffness of broken limbs, said Drs. Ann Whittlesey, Bellevue Hospital, and Hans Kraus, New York University. They urged that doctors give patients "exercise prescriptions," telling exactly what exercises to use, the amount, the timing and the intensity.

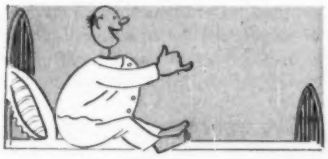
Polio victims are more likely to find gainful jobs than other types of

handicapped persons. Ability to win physical independence is one factor. —Dr. Robert C. Darling, Institute for Crippled and Disabled, New York, reporting a survey made with Marion S. Lesser, Columbia University College of Physicians and Surgeons.

Communities should develop specialized mobile rehabilitation teams, visiting and treating at home many of the nation's 25,000,000 chronically ill. The teams would include physical and occupational therapists, working under a doctor's supervision. Other needs are community centers for ambulatory patients, organizations of volunteers to brighten the lives of invalids, and rehabilitation boards in hospitals.—Dr. Herbert Kent, Veterans Administration Hospital, Indianapolis.

Badly handicapped people should be trained to help the people who care for them, learning how to assist in getting in and out of wheelchairs or beds, dressing or other activities. Family members also could profit from learning how to do such tasks with a minimum of effort on both sides.—Dr. Morton Hoberman and Erbert F. Cicenia, New York State Rehabilitation Hospital, West Haverstraw, N. Y.

Your little finger is strong enough to operate a new device that lets badly paralyzed people raise themselves unassisted to a sitting position. Any muscle groups of the arms or hands can operate it. It can be made



for as little as $15, using a one inch pipe frame, pulley, counterbalances and weights and notched bar. It was developed by Dr. Leslie Blau and Joseph Phillips, Veterans Administration Center, Wadsworth, Kans., and Dr. Donald L. Rose, University of Kansas School of Medicine.

Disabled housewives can be helped greatly by more attention from doctors, vocational rehabilitation and community centers. Just little things count a lot.

For example, one study finds that the energy output in mopping can be reduced 38 per cent by making the mop handle one foot longer. Stoves can be lowered to wheelchair height, or put at waist height for a woman unable to bend. Other tools and facilities can be rearranged to suit a

housewife's handicaps.—Dr. Edith L. Kristeller, New York University Medical School.

CHEST X-RAYS

In Cincinnati, when chest x-rays for tuberculosis were made of 10,549 persons, 486 showed some abnormality in the silhouette of the heart. A complete physical checkup of 207 of them, chosen at random, disclosed that 177 actually had some form of cardiovascular disease, Drs. Bernard Schwartz and Bernard Berman write in the A.M.A. *Journal*.

The checkup was expensive, requiring an average of five hours per patient. But the study shows a high incidence of heart ailments, and the physicians suggest that anyone showing an abnormal heart picture in TB surveys should be urged officially to see his doctor.

In Worcester, Mass., 125,000 x-ray films from a TB survey are being studied for signs of scoliosis, curvature of the spine. People whose films show such signs will get a further checkup. The study, directed by a committee of local orthopedic surgeons, hopes to obtain light on the incidence of scoliosis, its causes and effects.

PANCREAS INJURY

Auto accidents in which the driver is thrown against the steering wheel may injure the pancreas gland, despite its protective cushion of the stomach and colon. Dr. M. Joseph tells of three such cases in the *Western Journal of Surgery, Obstetrics and Gynecology*. He urges that the possibility of pancreas injury be considered after any blow on the upper abdomen. Early repair is important.

MORE EFFECTIVE

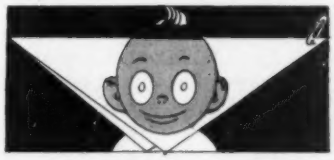
Doctors today can do one-third more work than a decade ago, because of better drugs and more hospital beds, says R. O. Richards, president-elect of the American Pharmaceutical Association.

BLOOD DISEASE

Estrogens, female sex hormones, appear to control a strange and usually fatal bleeding disease. Named hereditary hemorrhagic telangiectasia, the disease brings little, tumor-like knots of blood vessels on mucous membranes or the skin. The beneficial effect of estrogen is described in the A.M.A. *Journal* by Drs. Henry J. Koch, George C. Escher and John S. Lewis, of Memorial Center and Sloan-Kettering Institute for Cancer Research, New York.

DIAPER WASH

Trials of a new chemical called stero-test in laundering diapers show that it prevents the skin trouble, am-



monia dermatitis, in infants. It can be used at home, St. Louis University School of Medicine researchers report in the *Journal of Pediatrics*.

BOILED INSULIN

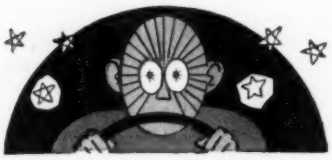
Allergic reactions to insulin can be avoided by boiling the insulin first, says Dr. Henry Dolger of New York City. The allergy is due to the insulin protein, and the boiling alters the protein so it doesn't cause trouble.

Both regular and crystalline zinc insulins can be boiled, yet keep much of their activity. Use of boiled insulin for two or three weeks desensitizes the person so that other forms of insulin then can be used without

provoking allergic flareups, he writes in the *New York State Journal of Medicine.*

SHOE ALLERGY

Skin troubles of the feet due to rubber adhesives in shoe linings are described in the A.M.A. *Journal* by Dr. Irvin H. Blank, Boston, and Dr. Owen G. Miller, Salem, Ore. The troublemaker often is a chemical used in making the rubber adhesive.



TIP ON GLARE

After age 50, only one person in ten has eyes with normal resistance to glare, and ability to recover promptly from glare, says the Better Vision Institute. That's something to remember about night driving, and your speed.

KNOCKS OUT THE AMEBA

Amebiasis in infants is quickly controlled by a combination of the antibiotics neomycin and bacitracin, Drs. Elmer R. Radison and Maxwell P. Borovsky, Chicago, report in the *Journal of Pediatrics.* The amebic diarrhea of 53 youngsters didn't last as long as diarrhea in children treated with sulfa or other antibiotics.

NASAL CORTISONE

Injections of cortisone into the nasal passages seems to bring prolonged relief of symptoms in allergic rhinitis—the inflammation and congestion due to pollens or similar agents, say Drs. John W. Wall and Norman Shure, Los Angeles, in a preliminary report in the A.M.A. *Archives of Otolaryngology.*

OLD STANDBY

Medicinal zinc peroxide is very useful for certain surgical infections, with advantages oftentimes over antibiotics and sulfas, says Dr. Frank L. Meleny, New York, in the A.M.A. *Journal.* It's better for undermining burrowing ulcers and other ulcers with much infection, for diabetic gangrene, ulcerative stomatitis, odorous sores of the mouth and neck, radiation burns, ulcerative colitis and non-venereal vaginitis.

A GOOD LIFE

People with benign essential high blood pressure apparently can often live relatively long and effective lives, Drs. James P. O'Hare and Robert B. Holden, Boston, conclude from a study of 100 patients. Ten to 34 years later, 71 were still alive, with only five in poor condition. This fact should be considered by physicians, they say, in making forecasts or planning treatment of patients in order to avoid "blood pressure neurotics" or long, difficult and expensive treatment.

ANTIBIOTIC CREAM

Capt. E. Randolph Trace, Army doctor in Washington, and Dr. June Carol Shafer, Arlington, Va., find a cream containing chloromycetin to be effective in a variety of superficial skin infections. Like other antibiotics used locally, it was less helpful against deep infections. Their report appears in the A.M.A. *Journal.*

RESIN MEDICINE

Resins that remove sodium from food, as an aid in treating congestive heart failure, can be used safely on non-hospitalized patients, if proper cautions are observed. So write Drs. Robert S. Aaron and Raymond E. Weston, New York, in the A.M.A. *Archives of Internal Medicine.*

DIABETES STUDY

The American Diabetes Association has granted $2500 to the New England and District of Columbia diabetes associations for a follow-up study of persons found to have evidence of the disease. In Boston, 13 per cent of people tested at one station showed signs of diabetes, and five per cent tested positive in Washington. The study will investigate how many saw their doctors, how many were found to have diabetes, and what treatments were prescribed.

TB EXPERIMENT

Two Italian physicians find evidence that streptomycin may be more effective against TB if the drug first is combined with congo red, a dye. The two form a salt which appeared more potent against TB in guinea pigs. It is now being tried on human beings, and early trials look encouraging, Drs. G. Pescetti and E. Destefanis write in *Minerva Medica,* Turin.

"MY TWO FRONT TEETH. . ."

Early loss of a child's upper front teeth is less serious than loss of other first teeth, especially of the second primary molars. Space maintainers, to prevent malalignment of the second or permanent teeth, aren't needed for the upper front ones but should be considered for molars if

the permanent teeth have not yet erupted, Dr. James J. Kennedy, Northwestern University Dental School, writes in the *Journal of the American Dental Association.*

TWIN RECORD?

A baby was born, and that seemed to be that. But four days later the woman gave birth to a girl. Both boy and girl and mother did fine. The 103½ hour delay may be a record for delivery of twins, Dr. J. C. P. J. Vorster writes in an Amsterdam journal.

MALARIA RELAPSES

A war-developed drug called primaquine looks excellent for preventing relapses of malaria in Korean

war veterans. It hits at the form of vivax malarial parasite that can lie dormant in body tissues, causing later attacks, say reports in the A.M.A. *Journal*. A different drug, chloroquine, is better in suppressing the parasite during the blood stages of infection, and the two are being used in teamwork.

MUMPS ARTHRITIS

Arthritis as a complication of mumps in adults may be commoner than generally supposed, Drs. Emanuel Appelbaum, Jerome Kohn, Ruth E. Steinman and Martin A. Shearn, New York, suggest. The joint pains last one to several weeks, then go away, they report in the A.M.A. *Archives of Internal Medicine*.

"SWEATING BLOOD"

The cause of colored sweat—red, green, blue, black, yellow or brown—has been tracked down by University of Pennsylvania dermatologists. It starts in the apocrine or odor-producing sweat glands of the armpits and some other parts of the body. The glands secrete a pigment into normally colorless perspiration, Drs. Walter B. Shelley and Harry J. Hurley, Jr., report. Sweating "blood" or other colors can also come from drugs or chemicals taken into the body, but the natural type had not been explained before.

FIFTY-TWO LIMIT

Proved records show the oldest age of a woman at birth of a child to be 52 years. Older ages have been reported, but not proved beyond question, Drs. James W. Newell and John Rock of the Free Hospital for Women, Brookline, Mass., write in the *American Journal of Obstetrics and Gynecology*.

MEAT FOR BABIES

Strained meat added to the milk formula does not make premature babies grow faster than the milk formula alone, Drs. P. S. Gerlad, New York, and M. B. Andelman, A. C. Rambar and B. M. Kagan of Chicago report in *Pediatrics*.

The development of unconsciousness because of injury or illness is often a benevolent act of nature. Unfortunately, bystanders sometimes shake the victim, shout at him, throw water on him, administer smelling salts or pour water or alcoholic liquids into his mouth in order to arouse or stimulate him. If he is indoors, however cold the weather, someone will open the windows. If an accident is the cause, a checkup for associated injuries is often overlooked before transportation because the victim makes no complaints of pain.

The unconscious person needs *quiet*. Aside from simple fainting and ordinary sleep, unconsciousness appears in such disturbances as concussion, stroke, cardiac and other circulatory disease, alcoholism, diabetes, epilepsy, hemorrhage, poisoning by barbiturates or other drugs, gas asphyxia, electric shock and drowning.

What to Do

1. Control any hemorrhage quickly. Give artificial respiration if indicated—as is true in only a small share of unconsciousness cases.
2. Lay the victim flat if the face is pale; if it is flushed, raise the head and shoulders upon pillows.
3. If diabetes is a possibility, search the victim's pockets, preferably in the presence of others, for a direction card carried by diabetics. If found, follow the stated advice.
4. It is usually best to summon medical help, or at least to secure medical advice by telephone before attempting other measures. If the cause was an accident and transportation is necessary, always check first for all injuries and give proper first aid. Gentle, not hasty, transportation is indicated. Even though recovery soon occurs spontaneously, secure follow-up study unless the case is clearly one of simple fainting.

FOLD ON DOTTED LINE AND MAKE A FIRST AID FILE IN YOUR RECIPE BOX

Among normal infants, toddlers fed meat had fewer colds and less severe colds than those who got no meat, and also slept better, Ruth M. Leverton, George Clark, Paul M. Bancroft and Esther Copeman of the University of Nebraska report in the same journal. Addition of meat to diets of children as early as their seventh week did not produce adverse symptoms or interfere with milk consumption, they said.

CAN

Here is a workable plan to cut food bills up to 30 per cent and still provide good eating.

TODAY in more than 98 per cent of the homes of our country, one-half to one-third of the family income after taxes is spent in feeding the family. We have the highest standard of eating in the world, but in spite of this our families are not being fed according to the best knowledge of nutrition.

Nutrition-wasting methods of preparing food are still in general use. Meals are rarely balanced for nutritional values according to the needs of the family. Menus are often stereotyped, hidebound and uninteresting.

The trend is toward the use of too many prepared, ready-to-cook foods and away from tasty, made-at-home dishes. Drink-and-run breakfasts are too often the usual thing. In many homes mealtime has lost the priceless value of serenity and interesting conversation, and has become a mad rush to be dispatched as soon as possible, with further confusion through radio and television shows going on at the same time.

Little or no allowance is made for oncoming years in the diet of people over 40. Yet this is a major factor in achieving a healthy old age.

In spite of the fact that from one-half to one-third of the family income is spent for food, America falls

the high cost of eating be solved?

by IDA BAILEY ALLEN

short of the diet nutritional scientists have found is best for us—ample in protein, carbohydrate, fat, vitamins and minerals, without special supplements when the right foods are selected and cooked to conserve full nutrients and flavor.

And flavor is important; for food must taste good, look good and smell good if it is to be eaten with enjoyment and most effectively utilized. More natural flavor generally means retention of more of the natural food values. When foods taste best, their nutrients are usually at peak levels.

Yet a great many homemakers persist in leaching out the flavor, as well as the soluble vitamins, minerals and proteins of fresh vegetables, by cooking them in boiling water, which is then drained down the sink. To save flavor and nutrition, start all vegetables to cook in an inch of boiling water, cover and cook only until tender.

Countless homemakers are still washing rice five times and boiling it in quantities of water that goes down the sink. The flavorsome way is to add the rice dry to twice the amount of boiling water, cover and slow-boil until all the water is absorbed. No washing! No draining! Result—delicious fluffy rice.

Almost all cooks boil macaroni and spaghetti in quarts of water, drain it and rinse it in cold water. The nutritive, flavor-saving way is the measured way. For each two people add one cup of high-protein macaroni to two cups boiling water. Cover and slow-boil 12 to 15 minutes, or until tender. There is no draining away of essential nutrients, because the macaroni absorbs all the water. When done it is ready for the addition of a sauce.

In each of these three nutrient-saving methods only half the usual amount of salt should be added to the cooking water. Because the natural flavors of the foods are conserved, and not fed to the sink, there is no "flavor vacuum" that must be filled in with excess salt.

In the last two years, I have traveled from coast to coast, from Canada to the Gulf of Mexico, in a survey of the high cost of eating problems of 10,000 homemakers in all income brackets. I found many of them worried, and some so frustrated in their attempt to meet their high food bills that they had given up trying. Finally, I set myself the task of finding the solution. Months of study have proved to me that any homemaker can reduce her current food bills from 15 to 30 per cent and still serve food that is not only nutritious but glamorous.

In solving the high cost of eating, it is necessary to increase the use of proteins in the menu, to work out many new nutrient-saving cooking methods and to turn to famous eating spots of the world for ideas for interesting dishes already proved popular.

The use of more protein to reduce high costs would seem to be a contradiction and an impossibility, for protein is generally considered the most expensive type of food. Nevertheless, it works.

In my informal survey of the high cost of eating, the first and foremost problem was the meat bill. "It's running away with our budget," said the homemakers. "We can't afford steaks, chops and roasts. Our family is tired of stews—what can we do?"

The solution lies in investigating the entire field of protein foods and their preparation. In the minds of many, protein stands only for steaks, chops and roasts, because these are the most publicized forms of proteins. But the word protein covers a broad group of foods. If we can avoid the high cost of expensive cuts of meat, the average food budget will automatically drop 15 to 30 per cent below current bills.

Protein foods include all red meats, variety and organ meats, whether fresh or frozen, as well as canned and smoked meats. There are over 100 cuts of fresh meats, but the average family uses only 12.

Protein includes poultry of all kinds, chicken, turkey, duck and goose and all game birds, but many of the good edible parts are wasted or thrown out.

Protein includes fish, which is a plentiful and inexpensive form of protein. More than 160 varieties of fish and seafood can be found in our coastal and inland waters; and note this: fish need no barns for housing, no land to graze on, no grain for food, no labor to herd them, and nutritionally speaking, fish is meat, a first-class protein that can be cooked by any method used for meat. Yet in the average household a fish meal is served only once or twice a month.

"Our husbands don't care for fish," said the homemakers. Yet in the towns or cities where they live, fish as cooked and served in many popular restaurants was a popular lunchtime dish with those same men. The reason is self-evident. Many homemakers need to learn how to cook fish in equally interesting ways.

Eggs are a fine source of animal protein, whether grade A, B or C, brown or white. Here we run into the prejudices of white versus brown eggs and ignorance of the value of the different grades of eggs and of powdered eggs. It is an established nutritional fact that eggs are equal to meat in protein value and there is no waste—no bone to cut out. To get the real worth of

eggs, use fewer in preparing cakes and desserts, where they can't be seen, and more in the form of substantial main-course egg dishes, so the family can see and appreciate the good eggs they are eating.

Cheese is a first-class protein, and comparatively inexpensive. Yet the average person eats less than two ounces a week. Every pound of full-milk Cheddar cheese is the approximate equivalent in nutrients to the five quarts of whole milk used in making it. When a half pound is used in preparing a substantial dish for four persons, the equivalent of more than a pint of milk or one-fourth pound of beef is provided.

Yet few of the homemakers I surveyed were serving even one cheese meal a week. "Cheese is binding," was the frequent comment. In itself cheese is a highly concentrated food that does not provide the bulk needed to induce peristalsis. But combine it with a coarse bread or fresh or cooked vegetables, or a tossed salad, and you have a good protein dish and plenty of bulk.

The average person in America eats less than one ounce of cottage cheese a week. Yet this is a valuable source of protein, riboflavin and phosphorus with a significant amount of calcium. A pound of cottage cheese costs about half as much as a pound of good quality meat. A half cup or four ounces is the minimum amount to use in place of a small serving of meat. Why aren't we using at least two pounds of cottage cheese a week for every family? Probably because American homemakers know so few ways to use it.

Legumes are another great source of inexpensive protein; they include dried beans, peas, lentils, peanuts and peanut butter. It is true that with the exception of soy beans, the proteins are incomplete; but serve them in a meal containing a small amount of animal protein, such as milk, or combine them with at least one-fourth their weight of animal protein, and they can be transformed into appetizing, satisfying, high quality protein dishes. For instance, Boston baked beans with pork; chili con carne; or fish chili hot pot, which is chili made with fish instead of meat; duck and bean cassoulet, as prepared in France; chicken princesse, creamed chicken en casserole with a lattice top of dried green pea purée. These dishes sound glamorous and taste glamorous, but are high in nutrients and inexpensive.

Small amounts of protein are present in many fresh vegetables and in varying amounts in all cereal grains, macaroni and bread. Of the cereals, oatmeal is highest in protein, whole wheat second. High-protein macaroni is also available. The best white bread is that which is made with enriched flour and contains the highest proportion of milk solids.

Leading all these forms of protein in general usage and popularity is milk, which has become accepted as a staple part of the daily diet in practically every home in America for all ages from infancy to old age.

However, the second major problem plaguing the homemakers in my survey was that milk bill.

The problem of the milk bill can be solved by making the right use of all the major forms of milk. These include whole plain milk, homogenized or vitamin D milk, fresh skimmed milk, dried skim milk powder (technically non-fat dry milk solids), buttermilk, chocolate milk and coffee milk, concentrated fresh whole milk, evaporated whole milk, condensed milk, yogurt and other cultured

milks. Whenever the milk bill was too high, I found that fresh fluid milk was being used exclusively. Yet evaporated milk which has the same food value and can be used the same when reconstituted, costs little more than half as much; and skimmed fresh, or reconstituted dried skim milk costs only about eight cents a quart and contains all the protein of the whole milk, plus calcium and other minerals. It has lost only the fat and vitamin A, both of which can be replenished by adding two tablespoons of butter or fortified margarine for each cup of skim milk used in cooking.

Many mothers that I met during my survey asked if reconstituted dried skim milk could be used for children to drink. This is not advisable, for children need the butterfat and vitamin A in whole milk.

There is a solution, however, even to the fresh milk for drinking problem. The pediatrician orders evaporated milk for the baby's formula. Why not continue with reconstituted evaporated milk after weaning?

Protein can be used in the form of dried skim milk powder to fortify innumerable foods such as biscuits, muffins, custards, cereals and many desserts; meat or fish loaves; croquettes or mashed potatoes. In all of these dishes two or three tablespoons of the dried skim milk powder can be sifted with the flour or mixed into the solid ingredients. This is especially advisable in cases of "picky" eaters, and for the elderly with small appetites, whose diets are consequently often deficient in protein, calcium and the B vitamins. Because of its high proportion of both protein and calcium, dried skim milk powder is a valuable addition to the menu and is one of the essentials in the diet for people over 40.

Yes, we can beat down the high cost of protein by using the wide variety available in this country: 112 cuts of fresh meat; 160 kinds of fish and sea food; all kinds of poultry; eggs, fresh or powdered; 12 forms of milk; half a hundred kinds of cheese; a round dozen varieties of legumes, and high-protein cereals, macaroni and breads.

We are plagued by the problem of the high cost of food, but there is plenty we can do about it. We can win the battle for protein along the lines I have suggested. In addition, we can make full use of foods in season by careful shopping.

Instead of dodging the issue, let's face it squarely: Our major trouble is *the high cost of wanting*. And that issue the homemakers of my survey laid squarely on their husbands who demand steaks, chops and roasts, and refuse to eat dishes based on less ex-

pensive meats, fish or other proteins.

The solution is simple. Many of the most glamorous and famous dishes of the world are based on so-called humble ingredients. Such dishes sell at fantastic prices in hotels and restaurants. We sometimes drive miles to eat and enjoy them and talk about them for days.

Why not increase the food repertoire and serve these dishes occasionally at home? Most of them are easy to prepare, and taste just as good on the family table as they do in a plush eating place. For instance we could try bouillabaisse, as served in France; French onion soup, cheese fondue à la Suisse; crab-stuffed pancakes; mandarin fried rice and ham or pork; egg plant Parmagiano; kidneys en brochette; grillades from New Orleans; lake perch Indiana, and many, many others. This fine eating costs less than "choice" cuts of meat.

And here is an idea that is also a proved success: Follow the example of the successful restaurateur, and start every dinner with an appetizer, or what I call a "curtain-raiser." Small antipasto plates, as served in Italian restaurants, or a tossed salad as served in Hollywood, are good examples. The appetite is partially satisfied by inexpensive appetizers containing some protein, so that smaller portions of the more expensive main course proteins are needed; at the same time the meal takes on an amplitude and gives a feeling of security which should be the accompaniment of a good dinner.

In my survey I found many women who were omitting desserts for budget reasons. This is false economy; for a meal without dessert often proves dull and uninteresting and lacks sparkle. And perhaps most unfortunate of all, adverse family comments and table talk about the high cost of food may give children a sense of financial insecurity.

End the meal with a dessert, not rich, but interesting. Fruit in season, perfectly served, is one of the most satisfying and available desserts.

One of the causes underlying the high cost of family food is the huge amount of waste. A survey of edible food waste in garbage cans in 28 cities, according to U. S. government reports, shows that we waste an average of two-thirds of a pound of food per person per day. This includes 29 per cent fruits; 23 per cent green vegetables, 27 per cent other vegetables; 14 per cent baked goods, and the remaining seven per cent fish, fats, meat and bones. On the basis of the 151 million people in this country, this reaches the staggering total of 36,693,000,000 pounds of food wasted each year!

The reasons for this huge waste?

Overlarge plate servings. Carelessness in preparing foods for refrigeration, so they become dry and tasteless on standing. Lack of appreciation of the vitamin and mineral values in green vegetable tops and dark salad plant leaves. Ignorance of the value of or lack of care in using the calcium and other minerals in meat bones. Lack of knowledge of how to make meat fats suitable for cooking, and how to utilize small quantities of cereals, vegetables, fruits and bread stuffs.

A major cause of food waste is forgetting to go through the refrigerator every morning to see what foods should be used during the day. These small amounts of food have a money value in proportion to the total amount paid for the food from which they came. They are not just leftovers to be snubbed and tossed into the garbage can, but worthwhile by-products of the kitchen. The average restaurateur would go bankrupt if he used only the most exclusive cuts of meat and if he wasted comparatively as much food as the average American homemaker.

Appetizing meals that will solve the problem of the high cost of eating can easily be planned. For example, here is a pattern for meals based on the principle of three balanced meals a day:

Breakfast

First course: Citrus fruit, fresh, canned or frozen juice, or any seasonable fresh or cooked fruit.

Second course: Choice of whole grain or enriched cereal cooked in skim milk and served with whole milk, and sugar or honey if desired. Or ready-to-eat cereal with milk and sugar or honey, plus one egg per person or a serving of meat or fish.

In either case provide enriched bread or toast, enriched rolls or a hot bread made with enriched flour or whole grains; serve with butter or fortified margarine.

Beverage: Coffee with hot milk, or tea or cocoa.

Luncheon or Supper

First course: Choice of a meat, fish or cream soup, or chowder; or a cheese, cottage cheese, egg, legume or high-protein macaroni dish.

Or serve a light hot or cold meat or fish dish or protein-rich sandwiches or salads.

Provide enriched bread or rolls with butter or fortified margarine, in sandwiches or on the side.

Dessert: One of the following: fresh or cooked fruit, a simple pudding or "Betty," custard, ice cream, sherbet, cake or cookies.

Beverage: Coffee, tea or milk.

Dinner

Curtain-raiser or appetizer: One of the following: A clear soup, a substantial soup, an antipasto plate, a tossed salad, a fish or vegetable salad-ette, or any food that is appetizing and will supplement the main course. Provide enriched or whole grain bread or rolls with butter or fortified margarine.

Main course: A protein-rich entree such as meat or fish or poultry, an egg or cheese dish, or a dish based on a legume; with any of these dishes serve two vegetables. (During each day's meals a generous serving of both a yellow and a green vegetable should be provided.)

Dessert: A choice of fresh or cooked fruit, pie, cake, pudding, gelatin, ice cream or sherbet.

Beverage: Coffee, tea or milk.

This pattern for meals allows for many variations in individual dishes provided the "basic seven" foods, recommended by the Bureau of Home Economics and Human Nutrition of the Department of Agriculture and the A.M.A. Council on Foods and Nutrition, are used each day.

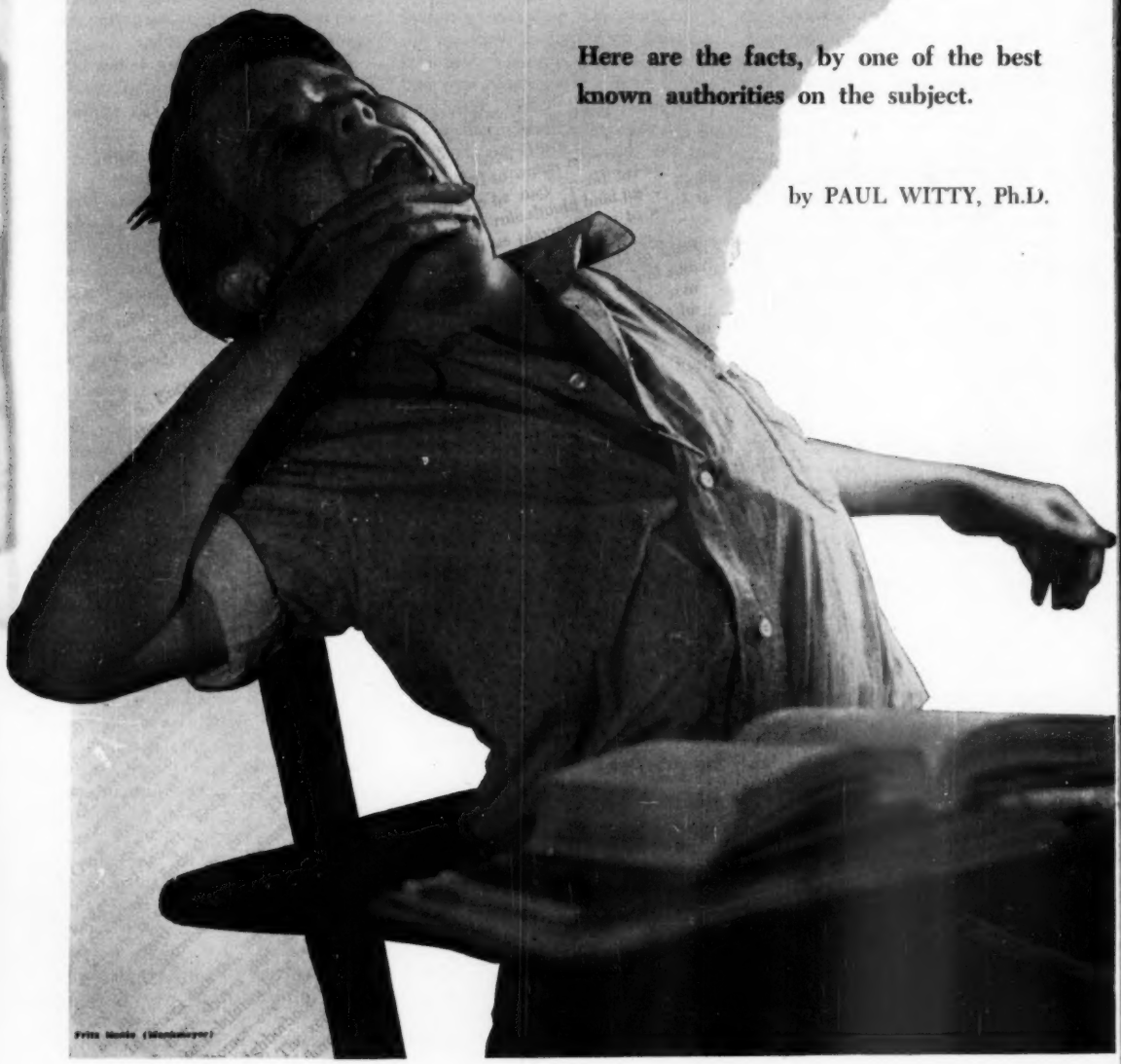
Careful planning of the three meals a day to include one or two simple dishes will provide food suitable for tots or the elderly, without extra cooking. And taking a few minutes' time to think through each meal will reveal many ways to save money and produce appetizing, even luxurious food at budget cost.

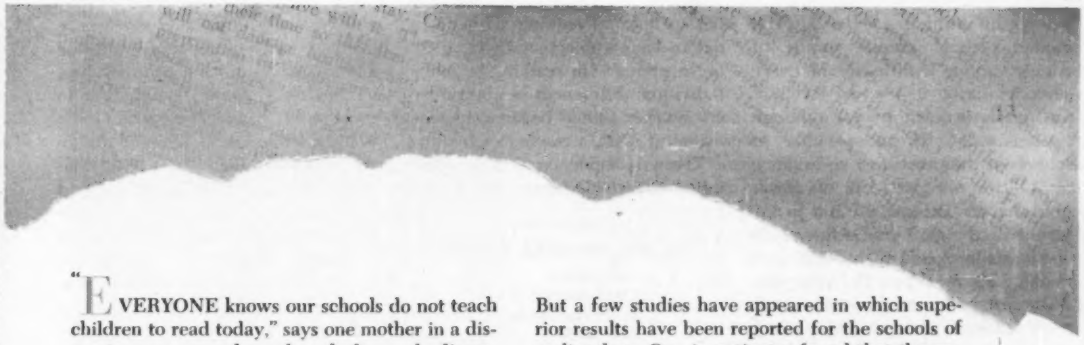
How well do modern schools teach

READING?

Here are the facts, by one of the best known authorities on the subject.

by PAUL WITTY, Ph.D.





"EVERYONE knows our schools do not teach children to read today," says one mother in a discussion you may have heard, for such discussions occur in thousands of American homes.

"In my daughter's seventh grade class, there are four boys who are barely able to read at all. There wasn't anyone like that in my class, when I was in the seventh grade," remarks another.

"That's right," comments a man. "The Army had to teach hundreds of thousands of grown men to read because they hadn't learned in school."

The reasons given by these critics are varied. Some of them speak of a general inefficiency of today's methods of instruction. Others cite the failure of schools to teach the alphabet or to emphasize phonetic approaches. And still others place the responsibility on progressive education. Regardless of the causes they give, they agree that the results of reading instruction now are far inferior to those obtained when they were children.

Perhaps it will be enlightening to examine some investigations into the facts. In a number of studies the efficiency of instruction today has been compared with that of former times. For example, in 1949 one investigator reported a comparison of the reading scores of approximately 230,000 elementary school pupils on standard tests given before and in 1945. These pupils represented 60 communities distributed throughout seven states. The 1945 students earned somewhat higher scores than the pupils of earlier days.[1]

In 1947 over 5000 Nebraska pupils in grades three through eight were given the same silent reading test which had been administered to about the same number of pupils in the same grades in 1921. The pupils of 1947 scored significantly higher in both the speed of reading and what they got out of it.[2]

The reading attainment of sixth grade pupils in 1931 was compared with that achieved on the same tests in 1948 in six Springfield, Mo., schools.[3] The 1948 pupils made a little higher average score than the 1931 groups.

A number of other investigations reveal similarly higher average scores for pupils in schools today as compared with those of former times.

[1] *For sources see page 56.*

But a few studies have appeared in which superior results have been reported for the schools of earlier days. One investigator found that the pupils of an earlier period did better in some aspects of reading than pupils tested some 20 years later in the St. Louis public schools. Thus, in oral reading, the average scores were higher in 1916 than in 1938.[4]

In the studies in which superiority is reported for the schools of earlier times, the differences are typically small and may be accounted for by changes in educational objectives. For example, the superiority in oral reading reported in the St. Louis study may be attributed to the fact that oral reading got much greater attention in the schools of 1916 than in classrooms of later periods. And despite such exceptions as the St. Louis study—now 14 years old—*the trend revealed in these investigations clearly favors the modern school.*

Next month Dr. Witty will discuss another of his principal scientific (and personal) interests—gifted children.

How Account for Criticism?

If it is true that schools are doing a relatively superior job today in teaching reading, how can we account for the widespread criticisms?

Let us now examine some facts concerning schools today. One outstanding characteristic of modern elementary and secondary schools is the wide range of ability found within every class. For example, one investigator reported in 1948 *a range of over six years in reading achievement* among 2212 third grade pupils in the Omaha public schools. He found that 34 per cent achieved scores appropriate for their grade placement; 36 per cent were above and 30 per cent

below the third grade level.[5] The modern school enrolls pupils of widely varying abilities within every class. Variation in reading levels of the pupils in each grade, although greater today, is not peculiar to schools of the present. A wide range of ability was reported in the lower grades even before 1920. But in the seventh and eighth grades the pupils were usually found to be similar in reading ability. Then the poor students dropped out of school early in their academic careers. Today many more such pupils remain in school.

The condition now existing among junior high school pupils is revealed by the following analysis. In June, 1943, and again in January, 1944, standard tests were given all graduates from the eighth grade classes of the St. Louis schools. Of the 7380 pupils tested, 2169 read at or below the norms for sixth grade. But 968 were *at or above the eleventh grade level!*[6]

Studies show, too, that a wide range in ability,[7] including a marked amount of reading retardation, are found in every class throughout the senior high school. Undoubtedly many critics of reading conclude that reading ability is *generally* poor because of their observation of extreme cases. Moreover, many poor readers in the junior and senior high school express their own dissatisfaction with their limited reading ability; they sometimes say little is done to help them learn to read better.

Today, as in former days, formal instruction in reading usually ceases in grade six. But the number of very poor readers in the junior and senior high school is so great as to necessitate additional instruction in reading. In order to do reasonably successful work in their present grades, these pupils need to participate in remedial reading programs. Such programs have proved remarkably effective in helping high school pupils improve their reading ability.

Additional instruction in reading is needed by many pupils, too, because of the variety of demands for reading in the modern school. And there is another great need. Because of the wide range of reading ability in her classes, every teacher should offer pupils appropriate opportunities to develop reading skills essential in each subject, with challenging experience in reading geared to individual differences in ability. Every teacher should become, to some extent at least, a teacher of reading.

There is evidence that we have failed to provide adequately for the retarded reader. And many studies reveal a regrettable neglect of the superior pupil. It is little comfort to a parent of a retarded pupil to learn that the *average* attainment in our schools has not declined. Nor is this fact a convincing answer to the complaints of a parent of a gifted child for whom the school curricula seem hopelessly inadequate and barren. Certainly there is need for more suitable and provocative educational opportunities for the pupils at these extremes.

Yes, My Dawdling Daughter

Don't hurry,
Don't scurry,
Don't rush about.
The shock
Would knock
Me out, no doubt!

Vesta Nickerson Lukei

Incurable?

We have pointed out a great need for remedial work in the junior and senior high school. Is it too late to begin remedial work at this time? Should one expect very poor readers in the high school to make gains in reading skill? Some parents have been led to believe that many pupils are naturally "nonverbal" and hence cannot acquire skill in silent or oral reading. Still others believe that poor reading is traceable to physical conditions or to factors such as mixed eye-hand dominance or the lack of "visual imagery"—factors that are largely unmodifiable in older pupils.

A few years ago, a number of magazines carried articles claiming that a close relationship exists between such factors and reading achievement. One widely read article inquired: Do you have any "dyxies" in your home? It proceeded to explain that many poor readers owed their reading status to an inborn condition—these cases could not be helped. Others, it held, were traceable to an acquired tendency to use the right side of the body but the left eye, or to depend primarily upon the right eye in reading but to use the left hand or left side of the body in motor acts. These and similar conditions, it held, led to difficulties because the language and motor areas of the brain are close together. In such cases, stuttering or a reversal tendency in reading resulted. The cure, if the condition was acquired, lay in drills to establish a right or left agreement in the use of eyes and hands. Thus, *dyslexia* (the scientific term denoting poor reading) could be corrected.

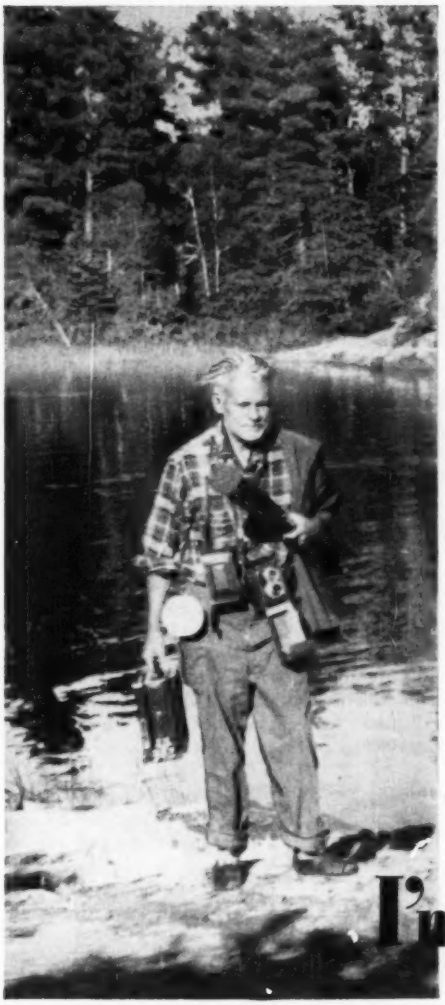
Like many other simple explanations of poor reading, this one proved fallacious. Careful investigation showed that "mixed dominance" was infrequently associated with poor reading.

Another widely read article proclaimed that very poor reading was generally traceable to the fact that a large number of "nonverbal" pupils now attend high school—a type that formerly withdrew from school. In fact, one-third of high school pupils today were said to be "nonverbal." These pupils could not, it was held, learn to read effectively; they should not be expected to read beyond perhaps a fourth grade level. Moreover, it was asserted, remedial reading could not help them.

These statements, too, have been disproved. The actual proportion of high school pupils who read at or below fourth-grade level is by no means so high as one third. Remedial work has proved remarkably successful with poor readers. If the evidence from remedial work in the schools were not sufficient as to the educability of poor readers, one could point convincingly to the work of the Army during World War II.

In order to satisfy the need for manpower in the armed forces, it was necessary to induct large numbers of illiterate and non-English-speaking men. Special training units were organized to give the academic training these men needed to become useful soldiers.[7] In these units they participated in an educational program characterized by (a) definite objectives, (b) high motive and

(Continued on page 54)



I'm glad I didn't give up

by AUSTIN H. PHELPS

Diabetes, incurable and hard to manage, threatened to end all he loved most.

IF ever a man could be called happy, contented and ecstatically pleased with his way of life, it was me that warm November day in 1934. I stretched out on the canvas deck gently pitching from the small rollers in the Gulf Stream as the small fishing boat cruised, out of sight of land, with its fishing party. Myraids of butterflies flew about the boat, landing for a moment on the sargasso weed, fulfilling nature's plan of fertility and rebirth as they lived their brief span in the sunlight.

Across the deck my ten year old son beamed his own version of contentment. Even before he could walk we had known companionship in the great out-of-doors. I had cut holes in a knapsack for his tiny legs and carried him up mountains where we lived for a time in a log cabin with deer as daily mendicants and our only visitors. Now, out here in the great solitude of the sea, the monotonous rhythm of the waves, I know from our intimate talks, brought him the same feeling of infinity and piety that we felt in the hush of the great woods.

Yes, I almost hugged myself in pleasure at the way I could earn a living and live a life exactly as I would had I no living to earn. An outdoor writer, I lived in the outdoors. My wife and our three children adored the same life as Dad and were ever with him, pals and companions, sharing the same experiences. I loved the people I met in my work. The sportsmen, hunters, fishermen and outdoorsmen enjoying their stay in the wild.

I felt a little gnawing at my stomach and thought I'd go down in the galley to fix a bite while the others used the trolling chairs in pursuit of the elusive sailfish. Austin went down with me and we plastered huge chunks of bread with peanut butter and jam. Nothing like the great outdoors to work up a tremendous appetite. And I'd been tremendously thirsty this trip, too, consuming quarts of milk and bottles of pop and just plain water with great regularity.

The sandwich downed, I started up to take my turn in the trolling chair. The captain cut a strip of mullet and fastened the line in the outrigger. But I doubled up with one of the worst pains I've ever experienced, and in a moment I was down on the floor in agony. Alarmed, the captain headed for shore, and by the time he got there I was nearly unconscious. I don't remember being taken to the hospital. I do remember the verdict.

I had diabetes!

I asked about the cure. There was no cure. I'd have it until I died. With care, special diet and skilful use of insulin. I could live out nearly a normal life span.

But I had to control the level of sugar in my blood within rather narrow limits. This blood sugar varied with many things. Food, for example. My wife was presented chemist's graduates and scales. She must learn how to substitute two teaspoonsful of one vegetable, for one teaspoonful of another. If I got the blood sugar too high, I went into diabetic coma; if I got it too low, I went into insulin shock. And the blood sugar content varied with exercise, the action of my own pancreas and the amount of insulin I injected. *(Continued on page 60)*

Your skin and cancer

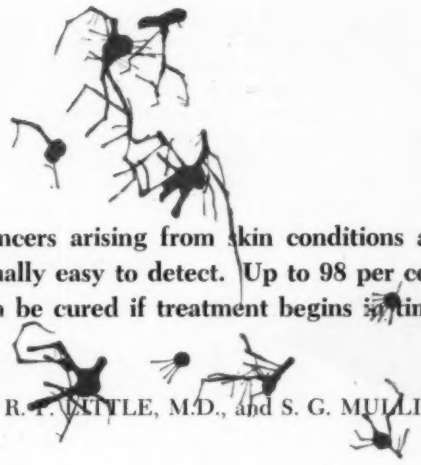
UNLESS Americans take cancer more seriously, 22 million of them now living will die of the disease. It is not too strong a statement to say that many of the victims are committing suicide, for if they would go to a doctor early enough, they might be cured. A recent report issued by the American Cancer Society announces that doctors can cure up to 98 per cent of all skin cancers, 45 per cent of stomach cancers, 85 per cent of breast and rectal cancers and 70 per cent of cervical cancers. Notice that these figures show what *can* be cured, not what *are* cured. There is an atrocious gap between the two sets of figures, a gap caused by the failure of patients to see their doctor before the cancer gets a good start. There is some excuse for those who are victims of internal cancers which often give little warning, but certainly sufferers from skin cancers should not delay seeking medical advice. The skin is the largest and most visible organ.

The other day a man in his fifties came into my office. "Doctor," he said, "I've had this ulcer on the side of my head for a couple of years. I've tried electrical treatments, salves, ointments and even massage, but it seems to be getting worse." I examined the ulcer and found that the man had a type of cancer known as a rodent ulcer. Luckily, this type of skin cancer seldom spreads to the rest of the body. The rodent ulcer kills only when the gradually expanding destruction reaches a vital organ. Had the man's growth been almost any other type of skin cancer, the treatment he had employed for two years would certainly have spread the disease and killed him in a matter of a few weeks or months.

My patients frequently ask me just what cancer is. Imagine the body as an orderly, well-run country. Then visualize what would happen if a group of gangsters suddenly decide to terrorize the country. While these gangsters disrupt the land, their numbers increase until at last they seize the vital centers and overthrow the government. Such is the present conception of cancer cells. They are a group of lawless cells that do not conform to the normal rules of cooperation in the body. They invade the lymph nodes, spread to all parts of the body and eventually cause death by interfering with the vital functions.

Exactly why the cells become lawless is not known, though it is probably the result of cell mutations. Cancer is not hereditary, but a predisposition may run in families. This fact has been proved in mice by the researches of Maud Slye who has, by inbreeding, produced strains that almost invariably die of cancer. In human beings, cells that are continually irritated (either mechanically, chemically or by radiant energy) are much more likely to become cancerous. On the skin, for example, moles on the waistline, where a girdle or belt rubs continually, frequently become cancerous. People who work with tarry substances are more subject to skin cancer than other persons; mule spinners in cotton factories often develop cancer on their legs which are drenched with heavy oil. Sailors, farmers and other outdoor workers, whose skin is irritated by the sun and wind, are especially susceptible to cancer of the skin. Blonds are more frequently attacked by skin cancer than are brunettes, who are protected by skin pigments. Dermatologists often groan when they see people, especially blonds, roasting themselves on hot sunny beaches. A good tan may be a thing of beauty, but, if it results in cancer, it is not exactly a joy.

Certain skin conditions should be watched carefully, for they frequently develop into cancer. One is senile keratosis or wart which typically occurs on skin exces-



Cancers arising from skin conditions are usually easy to detect. Up to 98 per cent can be cured if treatment begins in time.

by R. T. CATTLE, M.D., and S. G. MULLINS

sively exposed to the sun or weather. A crust develops which, if removed, leaves a bleeding surface. The surrounding skin has a thinned, aged appearance. Sailors, farmers and outdoor workers are favorite victims, and the cancer usually strikes at the exposed parts of the body—the ears, face, neck and hands. Never neglect this condition; go to your doctor or to a cancer clinic immediately. To delay, to experiment with home remedies may prove fatal. The ordinary juvenile wart which occurs most often on the hands and faces of young people scarcely ever becomes cancerous.

Another type of keratosis is known as seborrheic keratosis or wart. It is typically a brownish, greasy crust on any part of the body or head. Seborrheic keratosis rarely becomes malignant. Nevertheless, since even doctors sometimes confuse the two kinds, it is wise to see a dermatologist to make sure. The seborrheic keratosis is easily removed by the application of certain chemicals or with an electric needle.

Cancer may result from certain types of moles. Though a mole may not show up until middle age, the cells which form it are present right from the beginning. Of the four kinds of moles, the most common is the pigmented mole, varying in size from a pinhead to several inches in diameter. The majority are not raised, or only slightly raised, above the level of the surrounding skin. Almost everyone has at least 50 moles, whether he is aware of it or not. Some appear only as a slight stain or mark on the skin; others may be nodular or warty. Moles vary from light brown to coal black and, in some cases, hair may grow from them. As far as cancer is concerned, most moles need not cause any alarm. This is especially true of the hairy variety, which are rarely cancerous. The type to watch carefully (and generally to let severely alone) is the dark blue-black mole, particularly on the lower limbs. If a blue-black mole becomes malignant, it gives rise to a severe cancer capable of very rapid growth.

In general, moles should not be touched unless they are subject to constant irritation—in areas such as the bearded region, shoulders, belt line, groin and feet. If, for the above reason or for cosmetic reasons, you wish to have a mole removed, consult a competent dermatologist.

The mucous membranes of the mouth—the lips and the lining of the mouth—are particularly predisposed to cancer; in fact, cancer of the lip is one of the commonest types. Cancer of the lip frequently begins where the mucous membranes of the lip join the true skin of the face. Any lesion on the lips that does not heal within three weeks should be considered precancerous. Lip cancer, commonly the prickle-cell type, spreads rapidly, invades the lymph nodes and may be fatal without quick treatment.

In the days of clay pipes, cancer of the lip was common in pipe-smokers. Even today, they frequently develop cancer on the lips or in the mouth. The heat and friction of the pipe stem, the irritation caused by the smoke are aggravating factors. A white patch, which is definitely precancerous, frequently forms inside the mouth. If you are a heavy smoker and notice such a patch, consult a dermatologist or visit a cancer clinic immediately. Smokers' patch, technically known as leucoplakia, is the chief pre-malignant lesion of the mouth.

Of course, other factors may cause cancer of the mouth. A jagged tooth or an ill-fitting denture may irritate the tongue, the gums or the cheek and cause a precancerous lesion. Biting the cheeks or lips may cause cancer by continually irritating the skin cells. In general, mouth cancer is more frequent among people who do not maintain good oral hygiene. Do not neglect your teeth; have rough edges polished.

Naturally, the treatment of any skin cancer depends on its type and location. At the present time, the only way to cure any cancer is the complete destruction of the cancerous cells. This can be done by complete surgical removal or a form of cauterization by chemical means, heat or radiant energy (x-ray or radium). In general, the modern dermatologist prefers, when possible, to use radiant energy, electrodessication (with an electric needle), or coagulation because scarring is much less. If the dermatologist suspects that the lymph nodes are invaded, he will not only destroy the local cancerous cells but will use radiant energy or surgery on the neighboring glands.

The main responsibility for reducing the toll of skin cancer rests with each of us; do not temporize with cancer. The condition will never cure itself, and the dermatologist can do little if we allow cancer to reach an advanced stage. Skin cancer is visible; we have no excuse to procrastinate.

WEIGHT, heart and blood pressure

Sensible reducing will not hurt your heart, but *not* reducing may.

by MAX MILLMAN, M.D.

MANY obese people hesitate to embark on a program of weight reduction for fear that it might injure their health. They are especially concerned about the heart. "Are you sure, Doctor, my heart isn't going to be affected by it?" they query, as if to imply that weight reduction, even if properly carried out, will somehow prove detrimental to this vital organ.

Fear of weight reduction is not difficult to trace historically. Weight loss, can be a sign of illness. This is especially true in the so-called wasting diseases, such as tuberculosis or cancer. It is likely that the old objection to reducing stemmed, in part at least, from this observation. The reasoning must have been somewhat as follows: sickness causes weight loss; therefore, all weight loss is evidence of sickness. Many years passed before it became apparent that planned and deliberate weight reduction was in no way related to the weight loss encountered in illness, and that scientific weight correction was beneficial rather than detrimental to human life and health.

Just why the heart was chosen as the organ most likely to suffer is a little difficult to understand. Excess fat places a heavy burden on the lungs, the kidneys, the skeleton and, for that matter, every part of the body, but on no other organ as much as on the heart. And since the heart carries the main brunt of obesity, it also benefits the most from proper weight reduction.

Obesity by itself causes no heart disease but unquestionably hastens and aggravates it. The conditions responsible for most heart disease are high blood pressure and hardening of the arteries. Both of these conditions primarily affect people in the upper age brackets. But among those who are overweight they come earlier in life, they strike much oftener and they progress ever so much faster than among the lean.

Heart disease, whatever its specific cause, is always aggravated by obesity. The reason is quite simple. The fat person works harder performing any given task. The bulk of this extra work is done by the heart. The normal, healthy heart manages somehow to cope with excess weight, but not the heart which is diseased. Here all undue stress and strain tend to inflict additional damage.

The menacing effect of obesity on the heart and circulation is no longer debatable. It has long been known that a fat person with heart trouble does poorly, and that relief and improvement frequently come with weight reduction. The most convincing testimony against excess weight, however, is to be found in the statistics of life insurance companies. These statistics show that disease of the heart and arteries is 50 per cent more common in the overweight than in the normal. They also show that the electrocardiogram, which is a graphic record of the action of the heart, shows an even greater discrepancy in the two weight groups. And finally they show that angina pectoris affects the obese more than twice the normal.

Just why obesity causes high blood pressure is not clearly understood but the fact is that it frequently does. In men an elevated blood pressure has been found to be four times as common in the overweight as in the lean, while among the women it was fully six times as frequent. Furthermore it was found that the high blood pressure in many of these cases could be corrected or cured by weight reduction alone, without recourse to any other form of treatment. Regain of weight was invariably accompanied by return of high blood pressure.

High blood pressure, regardless of its cause, may lead to serious complications such as apoplexy or kidney disease. The most common complication, however, involves the heart. This organ, striving to supply an adequate amount of blood to all parts of the body, is forced to work against the increased resistance set up by the elevated blood pressure. Coronary thrombosis is also much more common in high blood pressure sufferers than in those whose blood pressure is within normal limits.

Obese people are much more vulnerable to diabetes than normally. Dr. Joslin has called diabetes fat man's folly, since the condition is several times as common among the overweight as among the underweight. Since the arteries of diabetics become sclerosed or hardened earlier and much more severely than in nondiabetics, coronary thrombosis and angina pectoris are also more common among diabetics. Here then is another avenue through which obesity hastens or aggravates diseases of the circulatory system.

CAUSES OF DEATH	MORTALITY in the obese is higher than average by:
Heart disease, all forms	50 per cent
Diseases of the arteries	more than 50 per cent
Apoplexy	50 per cent
Kidney disease	75 per cent
Diabetes	150 per cent

The relationship between diseases of the kidneys and the arteries is close. High blood pressure and arteriosclerosis frequently lead to serious kidney damage. Here again we find that kidney disease is much more common among the overweight, and that the mortality is one and three-fourths times as great as among people of normal weight.

In order to understand the significance of excess weight one must realize that the human body normally contains about 15 per cent of fat. This much is essential for good health and nutrition. Anything above this is excessive. Superfluous fat adds nothing to the welfare of the human body. On the contrary it constitutes a menace to life and health. As far as the heart is concerned, it is like so much dead weight, only worse. A load of sand or brick is carried temporarily outside the body; it requires no food or nourishment. Excess fat, on the other hand, invades all the organs of the body; it places a heavy strain on the heart morning, noon and night.

Even ordinarily the heart puts in a good day's work. It contracts more than 100,000 times a day even if we remain at rest. It pumps seven or eight tons of blood a day to every nook and corner of the body. This blood travels first through the larger arteries, then through the smaller ones, and finally through the capillaries, which are the smallest blood vessels in the body. As soon as a new pound of fat is accumulated, many new channels or capillaries are formed within that fatty tissue. This means that the heart, in addition to supplying blood to all the essential structures of the body, is now called upon to deliver blood also to this useless pound of fat.

What about the man who has acquired ten, 20 or 50 pounds of excess fat? What about the woman who tips the scales at twice her normal or ideal weight? The number of new capillaries formed in such cases is stupendous. It has been estimated that every 20 pounds of excess weight means 12 extra miles of blood vessels.

Useless fat overworks the heart, tires the feet, disturbs the conscience and decreases the attractiveness of the individual.

—Drs. Wilkins and Boyd.

Normally the heart is situated in a vertical position with its bottom part resting on top of the diaphragm, which separates the chest from the abdominal cavity. The accumulation of large *(Continued on page 52)*

Your Health Is *Your* Business

MOST of us get used to feeling the way we feel each day. We carelessly disregard those little danger signals that warn of impending trouble. Or we dose ourselves with all kinds of nostrums from the drug store in an effort to cure or mask the symptoms that annoy us. Sometimes, too late, we find that the little danger has become a big danger.

Millions of people all over the United States find one reason or another for not having a health examination. Some say, "I guess I'm so busy I just keep putting it off." Yet the person who says this may spend hours at a bridge party or on the golf course. "I can't afford it right now," another may explain. But somehow the family has acquired a new car or a television set. Probably the greatest percentage would say simply, "Why should I see a doctor? I'm not sick." Many of them are guessing wrong.

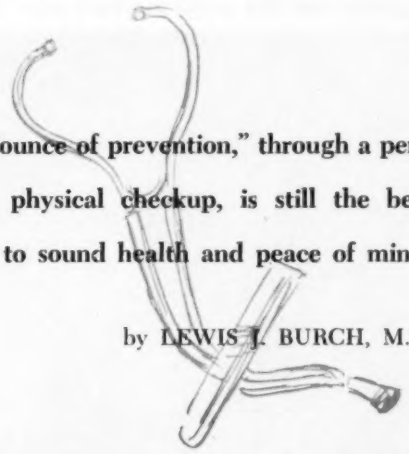
To find out just how accurately people judge their own physical condition, three stations were set up in New York City and 958 people who considered themselves perfectly well, agreed to have a physical examination. Of this number, 24 were found to be in good health

and 237 needed only advice on how to correct harmful living habits. But the remaining 687 people needed definite medical treatment.

Preventive medicine, in all its forms, offers the best means of adding years to our life, and life to our years as well. Immunization is almost universally accepted. This type of preventive medicine has just about wiped out smallpox and diphtheria. The periodic health examination is another effective preventive weapon for safeguarding health.

Many diseases, such as cancer, diabetes, tuberculosis and those of the heart, blood vessels and kidneys, would cease to be the killers they are, if they were diagnosed and treated in the initial stages. One doctor has estimated that 250,000 Americans die needlessly every year because they do not know that they need help, or do not seek it in time.

A date with the doctor may be better for most women than a beauty treatment. Their physician can help them get rid of those excess pounds safely, and show them



An "ounce of prevention," through a periodic physical checkup, is still the best way to sound health and peace of mind.

by LEWIS J. BURCH, M.D.

how to get the sparkle back in their eyes and the muddiness out of their complexions. With his aid they may banish that "tired feeling" and find more zest and joy in living. Beauty is a by-product of good health. Women may not develop into Hollywood glamor girls, but they can acquire that special appeal that radiates from everyone who has the vital glow of health.

Of course, the annual health examination is no guarantee of health for the periods between examinations. It is simply an audit of your physical condition at that particular moment. We have to be alert to danger signals between examinations, since we are always subject to health hazards.

Every homemaker knows the difficulties that arise if illness takes her off the job for even a day. Meals are scanty, dishes pile up in the sink and beds go unmade. Daddy may have to miss a day of work to take charge of the children or act as nurse. When Mother gets sick the domestic machinery slows down to a snail's pace. Should either Mother or Father have a prolonged illness, medical expenses often present a real problem. Infectious diseases cannot always be avoided, but many conditions which develop slowly and insidiously within our bodies—and they are what put us on the sick list for the longest time—can be detected, treated and usually quickly cured if we see the doctor regularly.

The medical profession admits that much should be done to improve the quality of periodic health examinations. Some physicians are rather indifferent toward the whole idea, perhaps because they are so busy treating the sick that they have little time to spare for this kind of work. Yet all the blame is not theirs, for a great many people simply do not ask for this service. You can get an adequate physical examination if you ask for it. When you go to your doctor tell him what you want and then discuss with him just what the examination will include and the fee you will have to pay.

The fee varies in different parts of the country and often depends on the laboratory tests included. Many physicians feel that extensive laboratory work is necessary; others will recommend certain tests only when the basic examination indicates that they are needed. These are points for you and your doctor to agree on.

Before going for the examination you can save time for yourself and the doctor by writing down a summary of your health history. Often, how a doctor interprets what he finds during the physical examination will depend on your health history and that of your family. If someone in your family has had diabetes, for instance, your physician would be especially alert for the symptoms of this disease.

So be prepared to tell the doctor as accurately as you can, about your family, your environment, occupation, living habits (good and bad), previous illnesses and operations and your present physical and emotional troubles.

The basic physical examination should include the entire body: all body openings, the pelvic region, abdomen, breasts, chest, heart, skin, joints, muscles, nerve reaction and blood pressure. Basic laboratory tests should include a urinalysis (ask if you should take a urine sample), blood count, stained smears and a Kahn or Wasserman test. Your doctor may find a condition for which he would like to make further laboratory tests or ask the advice of a specialist. If so, he will tell you.

Cost should not prevent you, or the rest of your family, from having a regular, routine physical examination. Most families budget for life, hospital, house and car insurance. Why not regard your periodic health examination as another phase of your health insurance and budget for it accordingly? On a dollars and cents level, it is cheaper to catch and treat a health problem in the early stage than to wait until it lays you flat on your back.

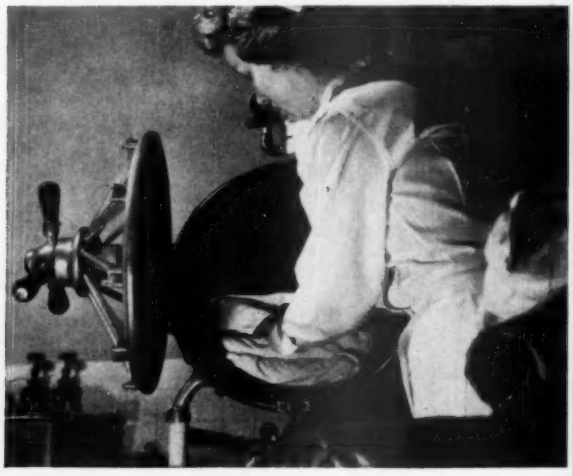
Incidentally, it may be worth the fee, in terms of peace of mind, to hear your doctor say, "It's a good thing we caught this in time; now we can do something about it." Or better still, "You're disgustingly healthy, go home and tell your family you can lick your weight in wildcats."

How often should you get a *(Continued on page 54)*

At the New York Blood Vessel Bank a technician measures salts used in the solution that preserves grafts.

The salts are dissolved in water distilled three times and thoroughly mixed. Eleven compounds are used.

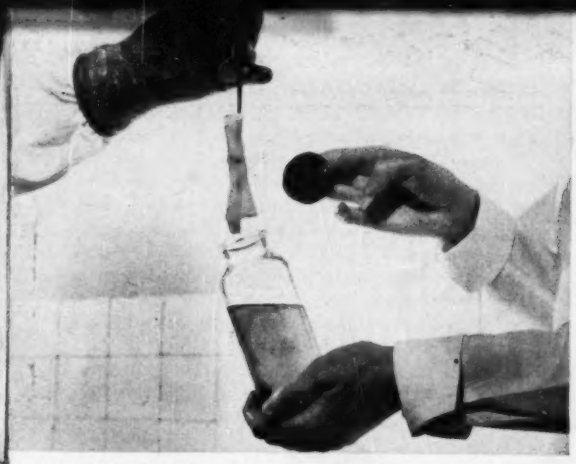
Portable kit of surgical equipment is always ready to be rushed to hospital where donor is available.



Everything is sterilized, ready for use, since grafts are taken preferably within six hours after death.

Bank for Blood Vessels

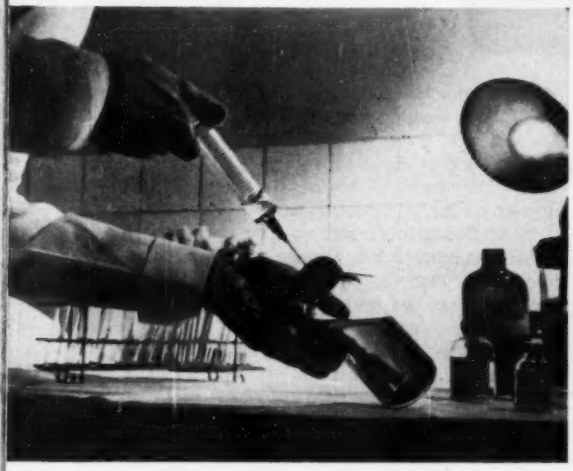
THE old adage, you cannot get spare parts for your body, has been disproved before with the use of artificial limbs, corneal transplants and plastic surgery. Now living arteries for grafting are available in a few leading hospitals. Already, children who were doomed because they were born with defects that surgeons did not know how to correct have been greatly benefited by arteries transplanted from someone else. When arteries for grafting are more generally available, people who suffer accidental injury to an essential artery may, by an arterial graft, be restored to normal living rather than suffer the loss of a limb or life itself. A newly developed method of storing arteries alive and ready for immediate use (see photos) is a significant advance in surgery. And it gives promise of making possible the preservation of other tissues in the same way. At this time, of course, the potentialities can only be conjectured, and for some tissues and organs there appear to be insurmountable difficulties. It is likely, however, that the hospital of the future will have a big selection of human spare parts,



A fresh graft, obtained from autopsy under surgical asepsis, is placed in a container of basic solution.

Both the solution and a bit of tissue are checked. Contamination or disease makes the graft unusable.

Antibiotics are injected before the graft is stored. A final check will be made at the time it is used.



Refrigeration helps preserve the grafts from four to six weeks. Labels tell when specimen was obtained.

Photos by George Pickow (Three Lions)

Living blood vessels can be stored for up to six weeks to replace damaged arteries.

by C. H. SMITH, M.D.

and blood vessels will be among the most valuable.

The preserving and grafting of tissues in animals have long interested research workers, and today medical science can draw upon a rich background of experiments. Over 70 years ago the tails of rats were preserved for several days at temperatures near freezing and then successfully grafted on other rats. Dr. Alexis Carrel, in the first decade of this century, performed his many notable experiments on the grafting of preserved skin, connective tissue and blood vessels. And in 1948 Dr. Robert E. Gross and his associates of the Harvard Medical School, the Children's Hospital and the Peter Bent Brigham Hospital of Boston, perfected the technique to the point where large arteries could be successfully preserved and later grafted into patients who urgently needed them.

The great problem that Dr. Gross and his associates solved was how to preserve a blood vessel and still keep it alive. A wide variety of nourishing media, as well as a great range of temperatures, *(Continued on page 64)*

MY SIX WEEKS OF SILENCE

by MAY RICHSTONE

"IT is imperative that you rest your vocal cords," the doctor told me gravely. "Maintain absolute silence for six weeks, and you may avert a very delicate operation."

"Zowie!" my husband exploded, slapping his knee. "Every man I know will be jealous of me!" Then, immediately contrite, he added, "I was only fooling, dear." But the gleam in his eye remained.

"How can I bring up children," I whispered, "and run a house with my mouth shut?"

"It's worth a try," the doctor urged. "Without the constant irritation of speech, this growth might disappear. I don't even want you to whisper."

"My toddler can't read," I scrawled on his desk pad.

He gave me an understanding smile and his voice was serene. "You'll manage," he said. "You'll be surprised."

He was right. Life became a series of surprises. I am now in my fifth speechless week and the interval is a success not only because surgery will be unnecessary but because, for the first time, the platitude has achieved reality: silence is indeed golden. Wit is refreshing, profound perorations are admirable, eloquence is an art. But for daily living, silence tops them all.

I made my first discovery within two days—the fact that mothers talk too much. We besiege our children with a barrage of words, mostly ineffective.

"Come to dinner!" for example, was an admonition invariably ignored. When a note of irritation crept into the second call, my husband might appear. The children were rounded up with a lecture on being deaf, thankless and rude. The more I scolded, the less they listened.

Now I ring a dinner bell twice. The first peal is a signal that in five minutes it will sound again. When it does, there is action in a hurry.

"Wear your hat and rubbers," I used to tell my son, when I saw teeming rain. Howls of protest ensued. By his standards, it was barely drizzling. I advanced time-honored reasons. He scorned them. I insisted. He balked. This whole battle is by-passed now when I silently deposit his hat and rubbers next to his books.

By prearrangement, two blasts on a whistle bring my toddler promptly home. Strange how much more effective this is than the dulcet tones of Mother's voice, yodeling down the street. As she hurtles into my arms for a hug, I beam my approval.

Looking back, I think I must have bewildered her with babble. She has been much more tractable since I can't talk.

"It's time to gather up your toys, darling," I used to say beguilingly. Her answer was an unenchanted "No!"

Insistence merely produced the usual reaction, "You do it."

"If I do," I threatened, "I'll have to take your toys away."

Of course I know from experience that a threat is an invitation to insurrection. And yet threats seemed the most immediate way of coping with a situation. Now, with my lips sealed, I've developed ingenuity to forestall controversy.

Here a kitchen timer has become my indispensable ally. It tells my toddler when her afternoon rest is over, when her snack is served, when bedtime is in the offing. And if she hasn't quite finished a project, I relax and wait. In my talking days, I had only to murmur a suggestion 12 times—and it was flouted. But opposition to the timer doesn't occur to her. Since I'm not giving the orders, she and I are better friends.

My husband and I are also better friends—thanks to my second discovery that wives talk too much. At first I feared he would find me a dull companion. On the

contrary, he seems to consider me the most scintillating conversationalist in the world. I can't interrupt. I can't disagree. It's doing wonders for his ego to have the first, middle and last word in his own home.

There's never an argument. A couple of times I've made a mental note to file some grievance away until I could do it verbal justice. Or written my husband a nasty letter, reread it and ruefully ripped it to shreds. There is no substitute for time or perspective.

I've stopped being my husband's severest critic. I don't try to remodel him. Gone are the veiled sarcasm and the wifely sneer. I don't complain; I don't scold. I may occasionally put a dish towel into his reluctant hand or indicate a household article that needs his touch, but I never nag. Not even for his own good do I mention his imperfections. With this total lack of criticism, I have reverted to the role of sweetheart.

So guess what's happened! He has begun to surprise me with little gifts—carnations, candy, a new novel. At first I thought he was sorry for me. But my spirits weren't drooping, and his have never been better.

"How's my darling?" he booms, each evening. How relieved he must be that I respond with a smile instead of a symptom. The dear man is savoring a new lease on freedom; freedom from his wife's caustic command of words. Apparently I can express myself in better ways.

Since I've been emancipated from the telephone as well as from most of our social life, the days are rich with leisure. Now I can express myself in culinary arts, trying out superb new dishes. My husband is on a gourmet's holiday; each meal a new adventure.

I can also express myself at the piano, relearning music I've neglected for years. My husband is obviously proud. I can express myself with the sewing machine. New curtains perk up the kitchen, a new blouse perks up my appearance. Even my toddler's dolls all boast fresh new finery, contrived from colorful scraps.

But my best substitute form of expression is letter writing. All my distant friends have been surprised recently with mail from this dilatory correspondent. I had forgotten what fun it was to receive and write letters. And the pen is so much more discreet than the tongue. I don't have to worry about impulsively saying the wrong thing at the wrong time to the wrong person.

This leads to my third discovery—that women, generally speaking, are generally speaking. We talk too much, too thoughtlessly. *[Don't be so exclusive, lady. How about us men?—Editor.]* In the days when my voice swelled the chorus, my ear was dulled. But as I've progressed from the stage of involuntary listener, my ear has become more acute. So has my dismay.

Much of our small talk is so miniscule it would be better left unsaid. Too many remarks are ill-advised; too many are sheer nonsense. Apparently we don't think twice before we speak—even once. How else explain the way we rip reputations to shreds, brag about our children and reveal our most intimate secrets!

For the future, if I can remember, I plan to become a devotee of the art of silence. How delightful not to have to retract or regret the words I didn't utter!

I'll practice the thoughtful silence, the companionable silence, the discreet silence. I may even achieve the eloquent silence. To my children, my husband and my friends, I'll talk only when I have something to say and only when I'm sure whereof I speak. How rare will be the sound of my voice!

My child has diabetes

AFTER watching and helping a diabetic child grow up, and grabbing at every straw that seemed to offer assistance to a normal future for him, I would like to give some encouragement to those parents who are starting where I did. I would like to let other mothers of diabetic children and their friends know of some of the problems they must face and how my son and I faced them at home and in school.

Fourteen years ago, almost no one I met knew what diabetes was; today almost everyone has read an article, heard a lecture or known of a case. The questions most frequently asked are, "How did you discover it?" "Will he ever be cured?" "How can he stand to take hypos?" "How do you know how to feed him?" "Does he break his diet?" "Can he attend school like other children?" And mothers invariably ask, "How can you bear to stick that needle into your own child?"

One of the first and most difficult decisions we had to face concerned our attitude toward our relatives and friends. Should we be secretive or simply explain that John had diabetes? Should we give him sympathy and allow others to do so? Should we ask cooperation from our relatives or allow them to pamper him as was their inclination? What about his education? Should we encourage him to lead a normal life and fight the diabetes or develop some special talent to keep him busy and away from the hazards of the playground? In other words, should we protect him from life or toughen him to meet it? This problem solved itself as we learned to meet each new crisis as it arose.

John was a healthy baby until he was about two years old. Then we felt he was going downgrade physically but we couldn't seem to find the cause. At times we noticed his breath had a slightly sweet odor but

Here is the story of how one mother helped her diabetic son become a normal, independent adult.

by ROBERTA EDWARDS

it was soon gone. He also seemed to pick up infections too easily. He had a fluctuating appetite, eating an abnormal amount at times and then refusing to eat much at all. Finally, after a minor operation when he was six, John suddenly developed an enormous appetite, lost weight rapidly, required an unusual amount of water and passed more urine than usual. After making tests, the doctor told us John had diabetes. When he had fully impressed on our minds the fact that John would probably have the disease all his life, we gradually began to realize what we were up against.

We took John to the hospital where the doctor worked out a prescribed diet and and established his need for insulin, which he would always have to take to keep his blood sugar at the proper level. At the same time the doctor and the dietitians showed me how to care for him at home. I was told that John would not be released until I had given him three injections of insulin myself. I did a poor job of sleeping that night and, when I did, I was sticking needles into every member of my family. I was simply panicky at the thought of having to perform this duty twice daily until John was old enough to do it himself. I felt a smoldering resentment against a life that could allow such a situation for a little child.

The next day a nurse politely told me that John would need his insulin in a few minutes and that I would be expected to give it to him. My hands shook and I was miserable, and so was he. He protested and ran off down the hall afraid. He showed plainly that he thought I was less skilful than the nurse and resented my inefficiency. The next time was even worse and, as I remember, my strongest desire was to run away from diabetes because of my own incompetence.

I finally took John home and somehow lived through the next few days. I was stunned, bewildered and afraid. I felt like a person who had been told how to swim and then thrown into deep water. Through my head kept running the thought, "The job is mine and he is depending on me; so I will have to do it." But I was mentally peering at his future through a fog of hypodermic needles, proteins, carbohydrates, fats, insulin reactions, coma, acid, Benedict tests, food percentages, infections and the hazards of too much or too little exercise.

We owned our home in the suburbs of a city in the Middle West and John had entered school a few months before we found the diabetes. The next fall we felt his needs could best be served if we lived in the city nearer the doctor, hospital, druggist, school and markets, and where transportation problems did not dictate the school day. A full-time school nurse as provided in the city schools was another asset.

To care for a diabetic child with any degree of success you have to know what *could* happen, when and why; what to feed him, when and how much; when to give him insulin, what kind and what amount—and how to avoid infections in giving it; how to test for sugar and acid; and the good and bad effects of exercise. You must follow the same plan day after day and make changes only by order of the doctor. If two people share his care they must follow the same routine to avoid mishaps. The diet is figured to fit the patient's particular needs for growth and development and the insulin is adjusted to care for this amount of food. It is never necessary for him to be hungry. John's food was weighed for several years and eventually he was able to judge the amount he should eat by the way he felt.

Diabetes is an expensive disease in a child. His teeth must be kept in especially good condition at all times. An abscessed tooth can cause a lot of trouble. A stomach or intestinal infection is too serious to be cared for at home. Eyes need more frequent examinations. The childhood diseases are dangerous to a diabetic and he needs specialized medical care if he catches them. His diet is more expensive than a normal child's. Drug bills are continuous. Trips to the hospital are frequent in earlier years. Everyone who served us tried to keep expenses at a minimum, but the cost is still out of proportion to the average income.

During the growing years, insulin reaction was always our biggest problem. It could happen at any time—from too much insulin, too little food, delay in eating after an injection or unusual exercise. Exercise as well as insulin burns sugar in the body. The harder a child plays the less insulin he should need. However, his activity is not always the same each day depending on the weather, school, holidays, movies and whether he is a spectator or a participant in sports. The best that can be done for a growing child is to figure the diet to fit his needs, determine how much insulin will be required according to the food he eats, and have him use carbohydrates to catch an insulin reaction if it comes.

The next time you see a ball *(Continued on page 58)*

Roberta Edwards is a pen name.

Getting Ready for the

OUR little girl Susan was 18 months old when Bill and I knew for sure she was going to become a big sister.

We believe in preparing our children in advance for any new situations in life. We practiced this advance preparation successfully when Susan was even younger, before we went away to the country with her for the first time. And it was this very success that encouraged us to continue our beforehand preparation when other big events appeared on the horizon.

So, despite the fact that Susan was very young, we felt a new child in the family warranted sufficient preparation for her. We did this so she could accept the new baby in due course and not be suddenly upset by what she might otherwise consider a rival in our home. And so, almost as soon as we ourselves knew, we paved the way for harmonious relations between Susan and the baby-to-be.

In the ordinary course of our daily conversation during the months that followed our first mention of it to

Duryee (Monkmeyer)

SECOND BABY

by LILLIAN BERNARDE

Letting Big Sister in on the plans far in advance solved the problem of jealousy before it ever had a chance to crop up.

her, we made frequent casual references to the fact that there was going to be a new little baby in our family. Not knowing, of course, what sex it would be, we never made any positive statements of sister or brother. "Why give her even a 50/50 chance for disappointment?" Bill and I asked each other. "It will be a great enough accomplishment on her part just to accept the baby. Why expect more at the moment?" So we always said "new baby," and made sure to stress the important new role she herself was to assume, that of being the "big sister."

And at her second birthday party, in December, when her grandma asked if she would help Mommy take care of the new baby when it came, she said generously, "Oh, yes! Susie gonna be a big sister!" And she promised to help Mommy sing to the new baby and dress it and hold its bottle at lunch time.

She did ask, one day, where the new baby was going to come from. I told her from my body, the same as she did, the same as all children come from inside their mothers' bodies.

Coincidental with this talk came sex—small s. I say small s for we never have to make a conscious effort to talk about sex with our children. Some people may disagree with us, but Bill and I find what we do works out well. We use just two simple rules. We act naturally at all times, taking questions in our stride as they arise, and answering them within the understanding of our children. And we have no closed doors. The bathroom, we find, is a very interesting room to children. They can float boats or rubber swans in the bathtub. They can primp or play-act in front of the full-length mirror on the door. They can, without fear of wrongdoing, fill water pistols from the water in the sink and squirt their loaded guns into the bathtub. They can sit at the edge of the tub and watch Daddy shave, and sometimes soap his back where he can't reach, if he's taking a bath. Or they can make "snow-flowers" out of the shampoo when Mommy takes a bath and washes her hair. It was on one such occasion, with Susan sitting near the tub while I was bathing, that she remarked, "Mommy getting fat."

"That's right, darling," I said. "I'm getting fat because I have the new little baby inside my body. And it's growing bigger and stronger each day. Soon it will be strong enough to be born."

"What's born?"

"Coming out of Mommy's body, like you are now."

"Susie was in Mommy's body, too?" she wanted to know.

"That's right, dear. Before you were born, you grew inside my body, just like this new baby is growing."

"How did Susie get born?"

"Mommy went to a hospital and a kind doctor helped Susie come out of Mommy's body and get born. And when you were born, Mommy and Daddy were very, very happy, because we love you so much."

"Mommy and Daddy will love the new baby, also?"

"Oh, yes, darling."

"Mommy and Daddy will love Susie, also?"

"We'll always love you forever and ever, angel!"

"Susie love the new baby also, too."

That was acceptance. And these instances happened often.

We have found that by leaving that door open while the children are young, we also leave the door open to questions and discussions which some parents dread facing. There will be time enough to close the door. But by then, the pattern for confidential talk and questions will have been firmly set.

Another such conversation took place not long after that. Sometime in the beginning of January, when my doctor made reservations at the hospital for me,

Bill and I thought it best to prepare Susan for the time I would have to be away from home.

So once again new bits of talk drifted into our conversation with her as Bill and I mentioned "going to the hospital." We had talked about it before, but little, if any, stress had been laid on it. Now I told her that, when the baby was ready to be born, I would go to the hospital and be away from her for a few days.

Despite our having talked about it before, however, I knew these big concepts could not possibly be understood too well by a child of two. So any time she showed any desire to discuss the situation, I was always ready to talk to her, and try to make it clearer.

After we mentioned the hospital, she asked, again, what "born" meant and what a hospital was.

I let her feel the movements of the child within me.

"The new baby is in my body now, darling. Do you feel it moving?"

She nodded and touched the area of her stomach. "I don't feel it moving in my body," she said seriously.

"No dear. It's only in my body. And it's growing until it's strong enough to get born, to come out of my body, so we can all see it: you and Daddy and I."

"When can we see it?" she asked.

"After it's born, angel. When the baby is ready to come out of my body, I'll go to the hospital and the doctor will help me, and then we can see it."

It didn't end there. We talked about it any time she had anything to say or ask. And by the frequency of her voluntary references to it, we could see she was really interested. There was never, at any time, anything hush-hush about it. There was never any brushing it off with "She's too young to understand." We felt if she was old enough to question, she deserved answers she could understand and accept.

A short time ahead of my "due date," my mother offered to care for Susan while I was away in the hospital. Rather than just catapult her into the strange situation of sleeping away from home, away from us, and perhaps thus undo whatever good spirit had been instilled in her for the new baby, we prepared Susan for this, too. During the last month, when we went out for a movie or visiting, we took Sue over to my mother's. It started first with Mother spending a night at our home as sitter. Then, before the second time, we made a big to-do about spending the night at Grandma's. Being the "reflector of emotions" that all children are, Susan mirrored our gaiety at the idea of "visiting and sleeping there, too!" Of course, Grandma, being the understanding soul she is, made it easier by having a little surprise whenever Susan was expected. By the time I finally had to leave, Susan had slept at Grandma's four times, twice for more than one night in a row. So there was no difficulty at all when I told her, on the day I went to the hospital, that now she would stay with Grandma until the new baby was born and we came home from the hospital. Fortunately my hospitalization occurred during the afternoon, and Susan and Grandma, Bill and I, all went to the hospital together. I told her that Daddy or I would call her up at Grandma's house after the baby was born, to tell her whether it was a baby brother or baby sister. After I was registered, Bill drove Susan and Mother to Mother's home and, he told me later, everything went along smoothly, without incident.

And, sticking to promise, Bill called her there, as early as he could next morning, to tell her she had a new baby brother named Larry.

Winter at Home

Their furnace works well . . .
The temperature's high
As the sweltering spell
They escaped in July!

Leonard K. Schiff

Remembering, surprisingly, our conversation of a few weeks back, she asked Bill, "Now that it's born, can we see it?"

"Yes, darling," he told her, "we can see him as soon as Mommy brings him home from the hospital."

Even from the hospital, this business of preparing Susan to accept the new baby went on. For every gift we got from friends and relatives for Larry, we bought something also for Susan, to keep the presents equal. Our close friends and near relatives, remembering that Bill and I always brought a present for an older child as well on a younger child's birthday, reciprocated when Larry was born. Bill's sister asked us what we felt we needed most, and believe it or not, we asked for the doll carriage his niece had outgrown. For we were taking Susan's carriage to use for Larry (she no longer used it after she was two) and we really felt this was a replacement. Inasmuch as Susan had got the new baby a present, it was only even Steven, when we brought Larry home, for him to give her a present, too. And his present to her was a beautiful doll with moveable eyes, that Susan named Rita. It just happened, by design, that the doll fit into the doll carriage!

Her first question as she watched me change Larry's diaper when we came home from the hospital was, "What has the new baby got on his vulva?"

We told her. Using only expressions she could understand, and calling each part of the human anatomy by its right name, we explained the difference between a boy and a girl.

"Did he come out of your body that way?" she asked.

"Yes, dear, he did." I said. Some babies are born girls and other babies are born boys."

"How did you know I was a girl? Maybe I'm a boy, like Larry?"

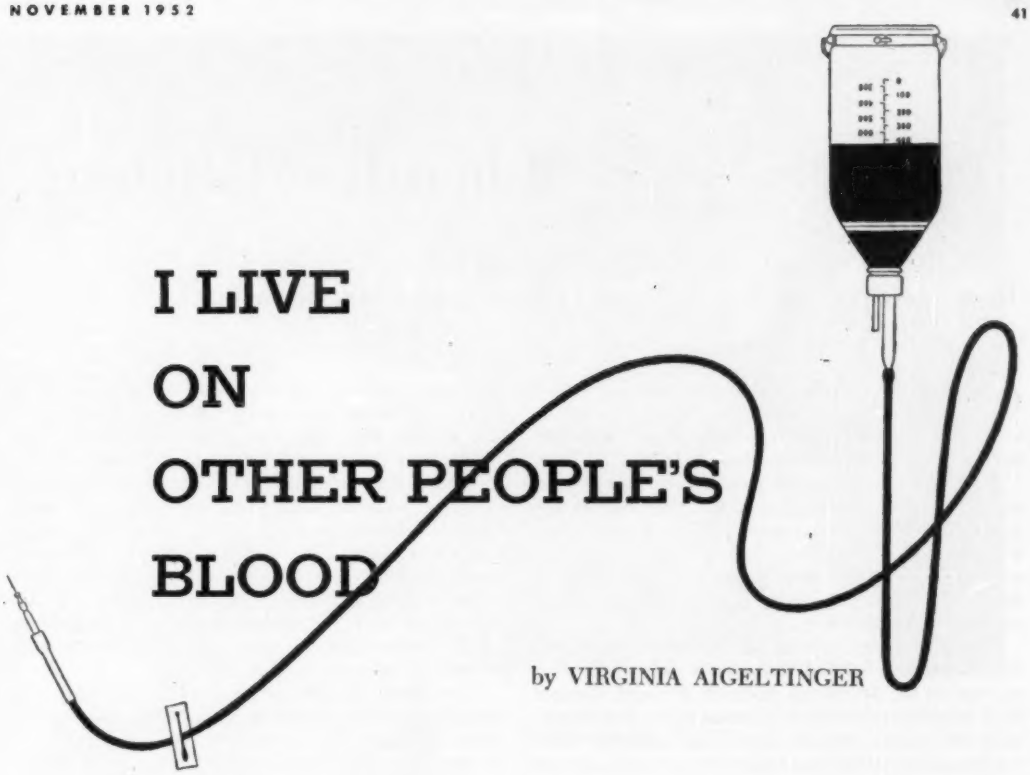
"We know you're a girl because you have a vulva. When children are born, they look almost alike. You can tell it's a boy if he has a penis—as Larry has."

At two years and six weeks, she seemed to understand that explanation, and it satisfied her.

And we were pleased to know that she felt she could ask questions freely and trustingly, knowing we would help her if we could.

And it was even more gratifying when, the first time we had Larry down in the street in his carriage, Susan kept announcing proudly to all our friends who came over for a peek, "This is my baby brother Larry. I'm his big sister!"

It made all our preparations and patience worth while.



I LIVE ON OTHER PEOPLE'S BLOOD

by VIRGINIA AIGELTINGER

THE hospital room is quiet. No one would think that a lifesaving drama is being enacted here. For the blood in the bottle above my bed makes no sound as it falls, drop by drop, regularly, monotonously into the filter, and from there through the long tube attached to the needle inserted in my vein. To me there is nothing monotonous in the slowly regulated drop, drop, so many dark red drops falling by the minute. Each drop means the difference between life and death.

Only a few hours ago I was in a wailing ambulance that dashed through the dark wet streets. Struggling against the straps that held me on the stretcher, I tried to sit up and get some breath into my gasping wheezing lungs. Then I was being pushed rapidly down the hospital corridor to my room. I could feel the breeze created by our urgent motion, but none of that precious air found its way to my lungs.

In the room, nurses, the doctor and a laboratory technician waited. The technician came to my bed, ready with his apparatus for taking a blood count—a syringe to draw blood from my veins, glass slides and tubes to type the blood. "It won't hurt," he reassured me as he plunged the needle into my arm.

"Hurt! As if it mattered now," I tried to retort, but could only gasp for breath.

The doctor had left our house before the ambulance arrived, in order to have everything ready for me. He applied his stethoscope to my galloping heart. My heart, like a distraught housewife trying to feed all her children on a restricted budget, was pumping at the rate of 120 beats a minute, trying to push my insufficient blood to nourish all parts of my body.

"We'll have the blood over from the blood bank in half an hour," the technician told the doctor as he left the room. If I had had any extra breath, I would have sighed with relief; I had worried that the blood bank might be closed at night.

It was a long half hour. But I recalled that the blood had to be typed and matched three ways before the transfusion was considered safe. This matching was done at the blood bank and repeated at the hospital for a complete recheck.

In the meantime, the nurses started to give me nasal oxygen to help my difficult breathing, gave me medicine and made me as comfortable as possible. But I felt that time was running out for me; never did a half hour seem so long. No one needed to tell me that my blood's hemoglobin had fallen to a dangerous low of 28 compared to a normal of 100. I had been low in hemoglobin before, about 40 or 50, half what the normal person has, but now a severe attack of the "flu" had pulled me down between transfusion periods. It had been only seven weeks since I had had my usual four pints of blood.

"Here it is!" the doctor announced with relief, as the nurse brought in the bottle of dark red blood. He wasted no time as he plunged a *(Continued on page 66)*

When It's "Catching"

These simple precautions will keep sickroom germs from spreading.

COMMUNICABLE disease nursing has come a long way from those fearful days when people sick with anything from measles to cholera were banished to the grim comforts of the pesthouse.

Even home quarantine of communicable diseases in the old manner is rarely applied today. Few cities still post those big signs warning the public not to tread too near the patient's doorstep. New York City's Department of Health threw away its old quarantine placards during World War II. Today most communicable diseases are nursed at home.

Hysterically rigid controls over communicable diseases have been relaxed through the years for several reasons. In the first place, relatively few such diseases have managed to remain in business in the face of vaccinations, serums, "wonder drugs" and sanitation. Cholera is as out of date in the United States as the common drinking cup. Typhoid fever is rare. A case of smallpox is as unusual in the ordinary doctor's office as yellow fever. And where hundreds used to die yearly from diphtheria, only a few die now.

In the second place, we know much more about the causes and carriers of communicable diseases and, therefore, much more specifically what to do by way of precautions. Instead of fearing night air as malarial, we know the thing to fear is the anopheles mosquito. Instead of burning the house of a leper and consigning him to the tombstones of the cemetery, we know that, with simple precautions, he can usually stay at home.

A third reason for relaxing restrictions is that the new antibiotics render a person noninfectious in a short time. Although he may still be suffering from the effects of the disease, it usually becomes noncommunicable after a few shots of penicillin or aureomycin.

The net effect of all this is that should communicable disease break out in your home, chances are the doctor will not hospitalize the patient unless complications develop, and isolation measures to protect other members of the family and visitors will be largely in your hands.

Practical instructions for hygienic handling of contaminated eating and drinking utensils are nearly always given by public health nurses or private physicians to see that such utensils do not become a route of infection for others. Every object that leaves the sickroom must be watched. Anything the patient has touched—dishes, cutlery, cups, glasses—can become a source of infection until they are sterilized or destroyed.

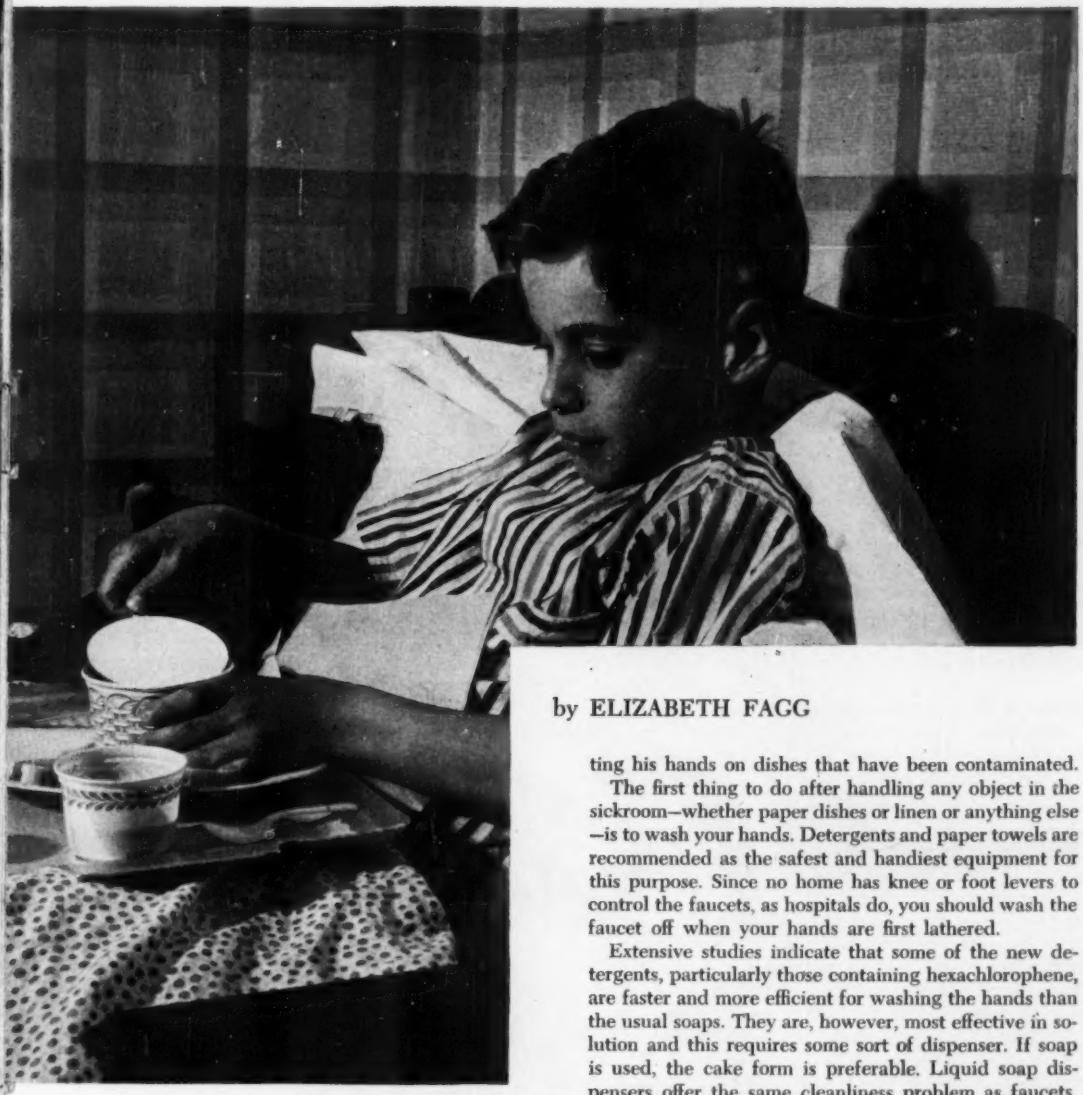
Ways of taking care of contaminated eating and drinking utensils may vary somewhat. Thorough washing with plenty of soap or detergent and rinsing with very hot water is sometimes regarded as sufficient. Some authorities, however, believe dishes, cutlery and glassware which come from the communicable disease room should be boiled in a covered container for 20 minutes before they are washed. Leftover food should be scraped into a paper bag and the dish wiped with a paper napkin or paper towel which should also be put in the bag, and the whole package safely disposed of. After boiling, the dishes can be returned to general use.

The smaller general hospital, which may have only two, three or four communicable disease patients at a time, takes precautions similar to those you will use at home. The contaminated area is first marked off—the patient's room, including the floor, and all its contents are presumed to be contaminated, as well as any sinks used to wash articles the patient has touched. Then, in the kitchen or pantry, a space is marked off where contaminated dishes can be sterilized and washed separately from other dishes. Leftover food is scraped into a paper sack which can be disposed of in the general garbage—except in the case of typhoid fever. Then refuse must be disinfected chemically before disposing of it.

Boiling repeatedly at high temperatures can make glass cloudy and take the glaze off china. The glass and china also knock together during the boiling and may chip or crack. So favorite dishes and glassware should not be subjected to this hazard. Even the sturdy ware used in most hospitals is sometimes damaged by the high temperatures applied in the sterilizer.

Many hospitals, to guarantee the highest possible aseptic measures in food service, to save the time of their nurses and reduce the loss of china and glassware, have adopted paper food service for isolation patients—paper cups and plates, dishes for soup, salad, dessert and vegetables, tray mats and napkins. Paper salt and pepper shakers, which are now available, eliminate another problem of isolation. Many tuberculosis sanitoriums do not permit patients to drink from anything but paper cups, whether in their rooms or in the hospital dining room. This cuts down the danger of infection for attendants and reinfection for patients.

Paper food service is a highly satisfactory solution



by ELIZABETH FAGG

for the home nurse. The mother or wife who is burdened by the extra wear and tear of taking care of a sick person needs short cuts even more than the hospital.

The patient's tray may be set up with every utensil in paper—including the "silverware" now available in disposable plastic, paper or wood. There are unwaxed cups for serving hot beverages, waxed cups for cold drinks, special containers for chilling gelatin and others for baking custards, cup cakes or egg soufflés. These items can be purchased in small quantities and in attractive colors or designs for dressing up the tray.

The great advantage of paper service, of course, is that there is no sterilizing, washing or danger of Baby's putting his hands on dishes that have been contaminated.

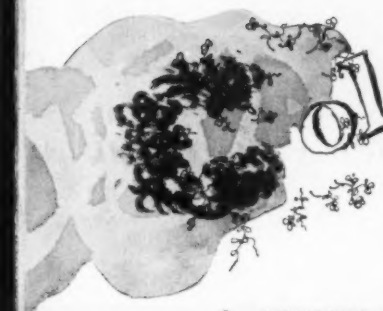
The first thing to do after handling any object in the sickroom—whether paper dishes or linen or anything else —is to wash your hands. Detergents and paper towels are recommended as the safest and handiest equipment for this purpose. Since no home has knee or foot levers to control the faucets, as hospitals do, you should wash the faucet off when your hands are first lathered.

Extensive studies indicate that some of the new detergents, particularly those containing hexachlorophene, are faster and more efficient for washing the hands than the usual soaps. They are, however, most effective in solution and this requires some sort of dispenser. If soap is used, the cake form is preferable. Liquid soap dispensers offer the same cleanliness problem as faucets.

The use of a brush is not advised. A clean brush would be needed for each washing, and the scratching of the skin from brushing would add to the possibility of irritation when hands are washed as often as they should be in caring for patients with communicable diseases.

Cover the hands well with a heavy lather, extended well beyond the area of contamination. Pay particular attention to the areas between the fingers and under the nails. Rinse toward the finger tips. It is well to do the whole thing twice. Dry the hands on a paper towel. The mother who is preparing food for the family while serving an infectious patient cannot be too careful about keeping her hands clean.

BEAUTY
&
HEALTH



Colognes & Toilet Waters

by VERONICA LUCEY CONLEY

IN these days of international strife, it is interesting to note the "worldly" character of the fragrance products—perfumes, toilet waters and colognes. They are made up of raw materials from all corners of the globe and sometimes as many as 200 or more oils are used in one perfume. While synthetic substances have been developed to duplicate some oils, perfumers still rely largely upon natural oils from around the world.

The classic eau de Cologne, for instance, is a mixture of citrus oils derived from the fruit, not the blossoms, of the orange, lemon, lime and bergamot trees as well as oil of petitgrain from the leaves and twigs of the orange tree. Lemon and orange oil we get from Sicily and California, lime oil from the British West Indies, bergamot oil from Calabria in Italy, oil of petitgrain from Paraguay. In addition to these, a fixative agent is required to bind the oils together so that the volatile oils will not evaporate too soon. Otherwise there is likely to be a change in the scent. This is disastrous to perfume quality, since one criterion of a good perfume is that the fragrance maintain its original character as long as any scent lingers at all.

The fixative may be gums or resins, from Arabia or the forests of Siam or Central and South America. Or it may be of animal origin—civet from the civet cat of Africa, musk from the musk deer of Tibet or ambergris, the excretion of the sperm whale which roams most frequently off the coast of Sumatra or Madagascar.

In recent years, women's greatest interest in fragrances has been in eau de Cologne, colognes and toilet waters. Whenever this popular trio is mentioned, invariably the question is asked, "What is the difference between them?"

In this country, unless the manufacturers indicate otherwise, the terms are almost always used synonymously. Nevertheless, some American manufacturers prefer to cling to the European practice of limiting eau de Cologne and cologne to citrus and flower oil bases, and regarding toilet water as simply a diluted perfume of any fragrance type whatsoever. To others, cologne and toilet water differ only in degree of dilution, and to make the situation more complex, some manufacturers think of cologne as more concentrated than toilet water and others think of it as less concentrated.

In any event, cologne or toilet water is almost certain to contain a number of ingredients in addition to or in place of citrus oils. Not insignificant among them are synthetic substances. The synthetics may be direct attempts by the chemist to copy nature's own oils in the laboratory—or they may be new and more novel than those nature provides.

The discovery of synthetic processes for making fragrant materials marked a new era in perfumery. It offered the perfumer a wider selection of scented materials; it provided substitutes when world conditions cut off previously essential perfume oils and it helped lower the costs. These sweet smelling compounds come from the most surprising sources. Terpineol with its fine lilac-like odor may be derived from turpentine. A rose-like scent is available as phenyl ethyl alcohol from coal tar. The word synthetic often implies inferiority. But synthetic perfume compounds often improve on nature.

In addition to fragrant oils and chemicals, colognes and toilet waters contain a solvent, usually ethyl alcohol, to dissolve the perfume base and to give quantity to the products. The solvent makes up about 95 per cent of the total volume. The amount of odor concentrate varies from four to five per cent depending on strength desired, solubility of the concentrate in the alcohol and cost of the finished product. Glycerine is sometimes added to retard evaporation from the skin.

How frequent are skin reactions from these products? There are few complaints despite their widespread use, but at least one oil is well known as photosensitizer. Oil of bergamot, a citrus product, causes a brownish discoloration when the skin to which it is applied is exposed to sunlight. This reaction is most often noticed in the summer when perfume *(Continued on page 67)*

Exotic ingredients from all over the world give the popular fragrance products an international flavor. Sometimes as many as 200 different oils are used in one perfume.

acne *needn't get you down*

by JANE PARKER KIRKPATRICK

I WATCHED with compassion as the slight girl across my desk told me her story. It was compulsory, in the great Midwestern university where I was dean of non-sorority girls, for each student to have an "exit" interview with the dean before leaving campus. Rita Kelly, before me now, was explaining her reasons for leaving us in the middle of the term: "I think my mother really needs me at home. My father's ill—sometimes, and . . ." Her voice faltered and tears welled up. She looked away quickly to cover up the tears, but from the side I saw her chin quivering uncontrollably.

"But, Rita, your mother has plenty of help, doesn't she?" A mute nod. "Your parents want you to finish college as they did. They don't want you to give it up for them—do they?"

"I can't stay, Dean Kirkpatrick. I can't!" There was desperation in her voice, and urgency that was almost hysteria.

So often in these interviews we had to try to find the real reason behind the ones the students gave. As I noted the tiny red blotches on Rita's forehead and chin, I remembered another young girl, years ago, who had cried herself to sleep so many nights. I thought I knew the reason Rita found college life unbearable, but did I dare approach her with it? Could I help her? Finally, I took a deep breath and plunged in. "Rita—it isn't your family. It's—forgive me for intruding, but—it's your skin, isn't it?"

Her defenses collapsed completely. "Oh, Mrs. Kirkpatrick, I want to die! I—want to—*die!*" She sobbed pathetically, and I let the storm rage until it was all over, and she sat huddled in the chair, exhausted. Then I moved quietly to the outer office, and asked my secretary to put off my next appointment, for I didn't want to be disturbed for a while.

"Rita, I have a story I want to tell you. A long time ago when I was in high school, I was having trouble with my skin, as you are, but oh, so much worse! I was the most miserable girl in school."

"You *were*, Mrs. Kirkpatrick? But you're married to a wonderful man, and have children, and a good job, and seem so happy—and well, serene!"

"Of course, Rita. I want to tell you how all that happened. At that time I had all the complexes that had ever been discovered, hanging to me like barnacles, weighing me down. I never smiled—what did I have to smile about? Boys avoided me. Even my school work suffered because I'd rather not recite than call attention to myself. My troubles were doubly aggravated because I had a sister with a complexion like a flower, and by contrast my plight seemed more hopeless than ever.

Bahnsen (Monkmeyer)

And when you don't let it, the real you shines through to win you friends and happiness.

"I had learned the trick of never looking anyone in the eye, but of glancing away, hoping their eyes would follow mine. Anything but to have them look at my face. If anyone came close, I moved away—no closeups for me! When people talked to me, I half-listened, more absorbed in wondering what they must be thinking of me, or how I could get away. I guess as I look back now I must have worried my poor family cruelly. I was half out of my mind with introspection and self-pity—which certainly doesn't help anyone to be attractive.

"Rita, acne's not a serious disease. No one ever dies of it. But when it leads one to say as you did, 'I *want* to die'—how much of your spirit has been eaten away! How much of what is really you has become warped and belittled and made unbeautiful!

"The reason young people suffer so much with adolescent skin trouble is that it ruins their beauty, they believe. It shows! So does self-consciousness, Rita—oh, how it shows. And morbid worry. And self-absorption. And how envy shows,

and discouragement. And self-pity shows, and all the other step-cousins of acne vulgaris.

"Almost all of us have *something* wrong with our looks. It's not fair to oneself or the rest of the world to take that one thing and multiply it, and dwell on it till *everything's* wrong. That's what you're doing, Rita. You're letting one feature that's less than perfect ruin your outstanding assets, and your real beauty."

There was a defensive lift to Rita's expression, and she started to reply. I exulted inwardly in this small sign that she hadn't completely surrendered to her troubles. But I wasn't ready for her to talk yet.

"I'm not through, Rita. One day when I was a junior in high school, I was running down the hall to get to class on time, and slipped on a place in the floor where someone had tracked in a little snow. I skidded several feet, trying to find my balance all the way, then landed in a heap with a big wire wastebasket over my head. It was so ridiculous that I started to laugh in spite of myself. I laughed and laughed and laughed, glad of the emotional release, I suppose.

"Then I saw someone watching me—the glamor girl of the senior class, a friend of my pretty sister. She was smiling, but it was not just that. She looked interested, even curious. 'Why, Jane,' she said. 'I've never seen you smile before. Why, when you smile, you're beautiful!'

"Those words made a change in my life. I remember every tiny inflection in her voice as she said them. She hadn't said, 'You'd be beautiful if you had a better complexion.' It wasn't my complexion alone that had kept me from being attractive. It was because *I hadn't been smiling.* My trouble had come from *inside.* I had to revamp my entire set of values. It was like a revelation.

"I picked myself off the floor, found my scattered books, and went through the rest of the day in a daze. I was thinking, for the first time constructively, about myself. Was I pretty at all? I knew I wasn't beautiful—that had been just the generous expression of a generous-minded girl. But everyone wants to be attractive, so that was what I wanted to determine first. I started to take inventory, from the ground up. My feet and ankles were unusually good. That was funny—I'd never even noticed them before. My figure was at least average for a young girl—small waist, high bust, round hips. My teeth were white and straight, my hair shiny, naturally wavy. Any other assets? I could swim, and I knew that I danced like a feather. Put altogether that way, it seemed quite a list.

"What, then, were the liabilities? I was having trouble with my skin—the doctors were working on it, they

assured me I'd get over it, but meantime, I was *letting it get me down.*

"From that day on I began to fight to keep my *real self* from being submerged in the exaggerated woes of a minor ailment, because that's all it is. It's only major when you let it be! From that day on I smiled at the slightest provocation. I was nice to people, acted interested in them, laughed at their jokes, and moved *toward* them, instead of away. It was easy because I was normally optimistic and out-going.

"Next year I was elected president of the Girl's Club, the highest honor a girl could win. But I wasn't nearly as elated with that victory as I was by the fact that the senior class president took me to the Senior Ball and we led the grand march.

"I don't mean that in one magic sentence my troubles were over. I had bad days—days of self-doubt, but I had discovered the formula for treating the psychological disturbances of acne: forget about myself, concentrate on others, and think in terms of my assets, not my liabilities. I learned to dance every ballroom dance ever invented. I saved my allowance for lessons, and practiced hours at home. The word got around. Some of the nicest boys in school wanted dates to learn the new steps. I was almost—I guess I really was—popular.

"Oddly enough, as I forgot myself, my face improved. Since I wasn't so concerned I didn't fuss with it, and put heavy makeup on, which had formerly aggravated the condition. I just kept it scrupulously clean, followed the doctor's directions to the letter, and wore bright lipstick to draw attention to my mouth and my smile, which was seen frequently now. I wondered, too, if my lessened nervous tension might actually have improved my skin. My doctor felt it was possible.

"I had such an advanced case of acne that I have never completely recovered physically. As you can see, I'll carry some scars all my life. *But I'm not carrying any scars on my personality.* It has never prevented my getting anything I've wanted in life, or prevented my completely enjoying what I've had."

I'd been so carried away reliving those days years ago, that I'd almost forgotten my caller. Her eyes were looking at a point just beyond me, her lips apart. She was lost in a dream of what I saw now in her face—hope. Then I saw her little pointed chin set with resolve, and the corners of her mouth turned up determinedly. Her blue eyes crinkled at the corners as if they couldn't help it if the lips were smiling, and I knew she had won. I knew Rita would stay at the university, and much more important—she'd learn to be happy. She'd make adolescent skin take the unimportant place it deserved.

She picked up her scarf, eager to leave and try her newborn confidence. But I knew there was one thing more. She had to have something concrete to build on—to tie her new faith to. I was watching her slender fingers tying the scarf under her chin. Then, impulsively and sincerely, I said, "Rita, I've never noticed before! You have perfectly exquisite hands!"

That was it. She stopped fumbling with the scarf, reached one hand out before her, looked at it for a moment and turned back to me, her face filled with a radiance that nearly blinded me.

"Thank you," she barely breathed, and ran from the room.

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FOOD AND HEALTH

by ANNA MAY WILSON

B_2 The GLOWING VITAMIN

Milk is our prime source of riboflavin, which helps turn absence of illness into positive, glowing health.

WHEN the doctor switched on the "black light" an eerie but brilliant yellow-green fluorescence glowed from the petri dish.

"That," he said, "is riboflavin you see glowing under the ultraviolet lamp. Its other name is vitamin B_2 and it is a big factor in positive health."

How fascinating that a food we eat could produce such a Halloween trick, I thought. Then the lamp was turned off and there it was—not yellow-green or shining at all but a slightly orange-yellow liquid in the bottom of a glass dish. I knew that this was the stuff found in such abundance in milk and liver, and in generous amounts in eggs and green leafy vegetables. I knew it was the vitamin that made for steadier growth and better development in children, for higher adult vitality and for greater freedom from disease at all ages, and it even seems to help prolong the prime of life. I knew that, without foods containing this vitamin, laboratory rats will not only cease to gain weight but will develop cataracts. Potent stuff—vitamin B_2!

I had got no further with my thoughts when the doctor picked up another dish of the same size and shape. It, too, contained a small amount of liquid. "This fluid," he said, "came from the same container as the sample you just saw. The only difference is that I left this exposed to the sunlight for quite a spell. Look . . ." And with that he switched on the lamp.

From the bottom of the petri dish came a pale blue glow. "The fact that the fluorescence is now blue instead of yellow-green," continued the doctor, "indicates that the sunlight has destroyed the riboflavin. A photochemical transformation has taken place. This substance is now useless as a food even for laboratory rats. It is totally impotent."

"Simply because it was left in the sunlight?" I asked.

"*Only* because it was left in the sunlight," was his answer.

With that the wheels started rolling in my head and different combinations turned up that startled me! I remembered reading such things as:

"The gains from . . . liberal amounts of riboflavin in the diet appear to be . . . longer life with a larger frac-

tion of it spent in the 'prime' between the attainment of full adult capacity and the onset of old age."

". . . Riboflavin is essential to the defense powers of the human body."

"The benefits may also be greater in the second generation than in the first."

"An early symptom of riboflavin deficiency in man is the growth of capillaries into the cornea (of the eye) . . . Other symptoms are visual fatigue, blurred vision, photophobia (eyes oversensitive to light), burning and itching of the eyes, soreness and swelling of the lids . . ."

"Milk is the main source of riboflavin in the American diet. Without a liberal milk supply, American dietaries are particularly liable to fall short of a desirable riboflavin content."

Outstanding American research nutritionists have said all these things about this vitamin that is destroyed by sunlight.

And then I thought of the rows of milk bottles sitting in the brilliant sunshine at the doorways of our great modern towns and cities — many of them left there for hours at a time. Suddenly I remembered our own ten quarts of milk sunning on our doorstep at that very moment!

I wondered out loud, "What happens to a bottle of milk exposed for hours to sunlight?"

"Undoubtedly," said my doctor, "it loses some of its vitamin B_2 value. Not as much, of course, as if it were all spread out in petri dishes but it loses some. The sooner milk is taken out of the sunlight the better."

"But a lot of us can't just sit around waiting to herd in the milk," I argued to myself. But after that I did feel guilty every time I brought in those sun-bathed bottles.

And then I found not only the perfect solution to this difficulty of losing riboflavin on the doorstep but the answer to several other equally important problems. It is an insulated aluminum milk box made by blind men in Washington, D. C. Men who can never see this glowing vitamin I had looked at in "black light" are providing the means of preserving it in our milk. Not only do their boxes guard the riboflavin content of your milk but they protect it from

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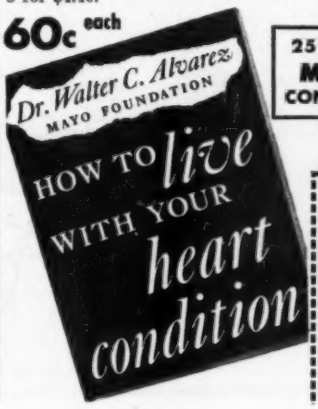

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This project was started by W. L. McDaniel, general manager of the Washington, D.C., Society for the Blind, a nonprofit organization dedicated to the rehabilitation of sightless people. Their slogan is "The man who made this box never saw it." How wonderful that these very men may be helping someone else to better health and better eyes through the protection of his daily milk supply—a big factor in positive health.

And that is why I think milk should be kept in the dark.

(Tell your dairy you want one of these boxes. That's the only way they are distributed.)

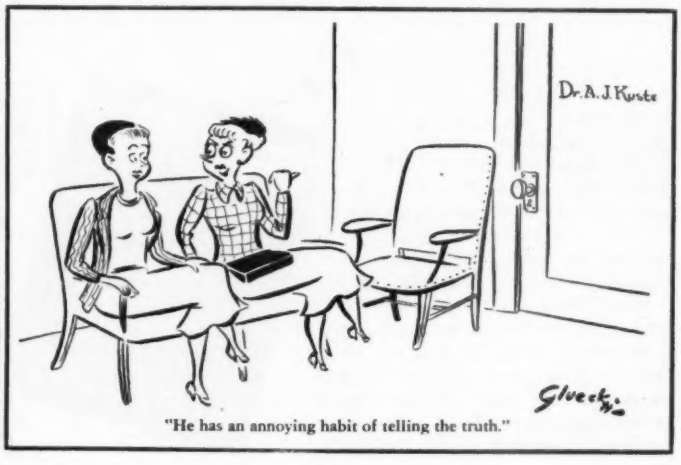
Weight, Heart and Blood Pressure

(Continued from page 29)

amounts of fat in the abdomen will cause the diaphragm to be pushed upward. This forces the heart to assume a cramped, horizontal position high up in the chest and interferes with its free and easy action. Worse, fatty tissue tends to accumulate around the heart itself and its membranous covering, the pericardium, and may even infiltrate the fibers which form the heart muscle. Saturated with fat both inside and out and laboring under such handicaps, the heart enlarges more and more. In the early stages it manages somehow to continue supplying the tissues with an adequate amount of blood, but as time goes on it tends to get weak.

Indirectly also the heart is affected, to some degree at least, by the burden fat puts on other organs. For instance, the difficulty that the skin experiences in eliminating heat through an abnormally thickened mantle of fat is shared by the heart which must furnish the extra circulation entailed. The poor posture created by obesity handicaps not only the skeletal system and the lungs, but also the heart which must supply them with an added amount of blood and nutrition. If the digestive system, the kidneys or the glands become disturbed as a result of obesity, the heart again is called upon for extra work.

Some explanation for the prevalence of heart disease among the obese is to be found perhaps in recent work at the University of California. Here it was shown that human blood contains certain fat particles, lipoproteins, which are as a rule increased in patients afflicted with diseased coronary arteries. The blood of fat people, it was found recently, also contains a significantly higher than normal amount of these fat particles. This may explain, in part at least, why angina pectoris and coronary thrombosis, which are caused by hardening of the arteries, are so much more common among



"He has an annoying habit of telling the truth."

the overweight. Comparison before and after weight reduction showed a definite lowering of these fat particles.

The relief that the heart sufferer obtains by ridding himself of excess weight is, as a rule, striking as well as gratifying. One of the most disturbing symptoms in heart disease is short-windedness, caused by circulation failure and the congestion of the lungs that goes with it. Obesity, even in the absence of heart disease, also causes short-windedness, although for an entirely different reason. Here it is produced by the accumulation of fat above and below the diaphragm interfering with its normal movement, and preventing it from descending freely during inspiration. When obesity is eliminated in the person with heart disease, breathing becomes easier and the short-windedness is frequently relieved or eliminated. Chest pain on exertion, weakness, fatigue, palpitation, puffiness of ankles and other symptoms of cardiac disease are also often relieved to a considerable degree. Dr. Masters has shown that the work of the heart in the obese, even at rest, may be decreased more than one third by weight reduction.

It is because of this that all heart patients, especially those of middle age or above, are urged nowadays to avoid excess weight and to correct it as soon as it makes its appearance. Furthermore these people are advised to strive not only for "normal" weight but for a level below that. The lowest death rate from heart disease is found not among people of normal weight but among those considerably below that point.

Whenever treatment becomes necessary in heart disease the first principle is the regulation and restriction of physical activity. The purpose, of course, is to spare the heart as much as possible. The amount of restriction depends on the severity of the condition, but it stands to reason that in no case is the burden of useless or dead weight either desirable or permissible. Weight correction therefore is urgently prescribed. While we may temporize or take our time in the case of the normal person, in one with severe heart disease delay is inexcusable. Here weight must be reduced before it's too late.

More women than men show an interest is reducing, and yet it is the hearts of men that could benefit the most by it. Angina pectoris affects the male predominantly and coronary thrombosis strikes men three times as often as women. The young most frequently seek a slimmer waistline but older people have more to gain by it. They are subject to a long list of degenerative diseases, especially those affecting the circulatory system.

In 1951 diseases of the heart and blood vessels were responsible for more deaths than all other diseases combined. Since the span of human life is steadily increasing, they and other diseases of age are also on the increase. Medical science to date has found no satisfactory method for the prevention of these degenerative diseases. It has, however, discovered that the prevention and correction of obesity would serve to postpone them, to slow their progress, to lessen their frequency and thereby to increase the span of human life to a considerable degree.

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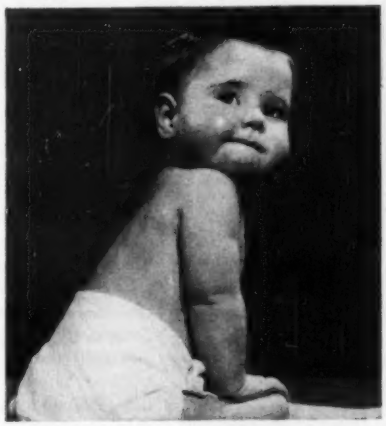

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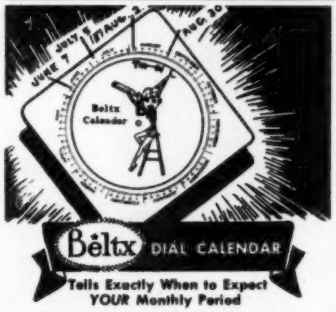

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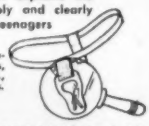

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Your Health Is Your Business

(Continued from page 31)

physical checkup? The following recommendations are a good guide:

Age five to 15 years: every two to three years
Age 15 to 35: every two years
Age 35 to 60: annually
Above 60: twice a year

Your own doctor may advise more frequent examinations if he finds that you need them, so be guided by your individual requirements.

A periodic health examination is important for two reasons; first, by discussing our personal problems and habits with our doctor, we can get a clearer picture of ourselves. We often drift into careless ways of living without meaning to. A frank talk with a physician can jerk us up and set us on the right road again. Many of us harbor fears and worries that in themselves can cause real sickness.

Most important of all, if there is something wrong, it can be diagnosed and treated in an early stage. Probably half the people who are examined find that they have some condition that needs medical attention. Make up your mind to see your doctor soon. This is one occasion where an ounce of prevention is worth far more than a pound of cure.

How Well Do Modern Schools Teach Reading?

(Continued from page 24)

interest, (c) careful study of individuals and proper grouping in small classes, (d) use of methods and materials stressing practical and directly useful skills, (e) wide application of visual aids, (f) hygienic conditions insuring a sense of security and general well-being, (g) provision for successes, however small, from the start, and for steady progress, and (h) the use of thoroughly trained, enthusiastic instructors.

Under the above conditions, it became possible for "functionally illiterate" and non-English-speaking men to acquire the reading skills needed in the Army *in eight weeks.* A "functionally illiterate" man was one whose reading ability was roughly below fourth grade level. Over 90 per cent of the men assigned to these units succeeded in passing the literacy tests after their short training period.

What Are the Causes?

These studies show that poor reading can be improved. But they do not reveal the causes of poor reading. The current periodical literature often contains reference to the intimacy of emotional instability and poor reading. Some writers believe that almost all poor readers are emotionally unstable. At the Northwestern University Psycho-Educational Clinic we attempted to ascertain the facts. It was found that approximately 50 per cent of a group of 100 very poor readers in grades three to six showed emotional problems. Similar results were obtained in a study of 100 secondary school pupils referred to the Psycho-Educational Clinic as poor readers. Forty-two per cent of these secondary school pupils showed nervous and excitable behavior; slow, indifferent and recalcitrant reactions; timidity and withdrawal tendencies.

Case studies of another group of 100 pupils in grades three to nine (referred to the clinic as reading problems) revealed that 52 per cent were afflicted by emotional disturbance. But emotional difficulty was not their only problem. Forty-four per cent came from homes characterized by quarreling, criticism, indifference and unfavorable comparisons of brothers and sisters. Ten per cent of these poor readers showed aggression toward their parents, while 22 per cent had serious conflicts with brothers or sisters. Expression of dislike for or hostility toward their school mates was noted among 20 per cent of the group. More than one-fourth of these pupils stated that lack of success in the primary grades undoubtedly contributed to their inability to read.

But one even more general characteristic was found in all three groups. Lack of interest or indifference toward reading appeared in more than three-fourths of these pupils. Many reported an actual aversion to reading. In another study in which groups of poor readers were

compared with good readers in the secondary school, lack of interest in reading was the most significant single differentiating trait.

The complexity of the problem is further shown by a comparison of the response of poor readers with those of good readers on an interest inventory. The play activities of the poor readers were somewhat fewer and less mature than those of the good readers. The poor readers showed a higher frequency of fears, and their "wishes" concerned success in school almost three times more often than did the "wishes" of the good readers. Expressions of anxiety or apprehension concerning school were frequent among the poor readers.

All of these reactions reflect the dissatisfactions, frustrations, anxieties and insecurities which the poor reader often experiences. But it should be kept in mind that only about half of the poor readers in these groups had actual emotional problems.

What You Can Do

Perhaps the most important single point which should be emphasized is the urgency of *preventing* reading failure. This can most effectively be accomplished by helping the child prepare for reading, by providing successful first experiences in reading, by fostering the enjoyment of reading for itself as well as for its results, and by providing an atmosphere in which various reading activities occur naturally and enjoyably. Of course, reading difficulties, when they do arise, should be identified and given systematic treatment. But it should be recognized that, as children mature, reading problems become more difficult to modify or eliminate and emotional disorders become more obstinate and deep-rooted.

Whether or not a child is a poor reader, the following suggestions may prove of value to parents interested in correcting or preventing reading problems:

1. Provide rich and varied first-hand experiences for your child.
2. Study your child's pattern of reading. Try to guide him toward a balanced program of varied and individually satisfying reading experiences.
3. Know your child. Find out how children usually develop. Then compare your own child's behavior with

Technical Ticklers

The following questions are based on information in this issue of *Today's Health*. Turn to page 59 for the answers.

1. What part of the body is chiefly responsible for red blood cell production?
2. On what should parents base their expectations about a child?
3. How long can blood vessels be stored for grafting?
4. Which organ probably benefits the most from weight reduction?
5. What percentage of skin cancers can be cured?
6. Which food is the main source of the vitamin riboflavin in the American diet?
7. What is a well known photosensitizer in toilet waters?
8. How often should a person over 60 have a physical examination.
9. What type of mole is rarely cancerous?
10. What is the main thing an unconscious person needs?

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standards and set appropriate goals *in accord with his nature.*

4. Examine your child's interests and leisure activities. Find out what he is seeing on television or in the movies. Let him share with you the pleasures he finds in them. Relate these programs to good books.

5. Set aside a time for reading and for discussing books and magazines. Read with your child and help him develop a balanced program of reading.

6. Guide your child to listen discriminately, to read critically, to develop standards for appraising comic books, radio programs, movies and television programs. Help him to become competent in recognizing and selecting programs of worth.

7. Provide books and reading materials on different subjects, and gradually increase their difficulty so as to help your child improve his reading skill.

8. Remember that your child needs to find joy and satisfaction in reading. Encourage him to read about things that strongly interest him. Go to the public library with him until he has developed the library habit.

9. If your child is a poor reader and has reached the upper elementary or high school, do not adopt the attitude that his condition cannot be improved. If his retardation is very severe and of long standing, seek the services of a reading clinic. But bear in mind that many other poor readers can help themselves.[8] Bear in mind, too, that the attitude of parents and the atmosphere of the home are important factors in determining whether a child will learn to read effectively and to enjoy reading.

Notes

1 E. W. Tiegs. "Growing Points in Educational Research." Washington, D.C.: Official report, American Educational Research Association, 1949, pp. 50-57.

2 H. C. Mardis. *Research and Evaluation Bulletin.* No. 1. Lincoln, Nebr.: Lincoln Public Schools, October 29, 1951.

3 F. H. Finch and V. W. Gillenwater. *The Elementary School Journal,* Vol. XLIX (April, 1949), p. 454.

4 M. E. Boss. *School and Society,* Vol. LI (January 13, 1940), pp. 62-64.

5 W. H. Waite. *The Elementary School Journal,* Vol. XLVIII (February, 1948), p. 306.

6 W. Kottmeyer. *The Elementary School Journal.* Vol. XLV (September, 1944), pp. 33-38.

7 The work was planned and directed by Dr. Witty.

8 Such booklets as Dr. Witty's "Streamline Your Reading" and "You Can Read Better" have been designed to help the poor reader to help himself. They are published by Science Research Associates, Inc., 57 West Grand Avenue, Chicago 10.

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Tyrosine	4.5	Leucine	9.2
Tryptophane	1.6	Isoleucine	7.7
Phenylalanine	6.3	Valine	7.8

[1] Block, R. J. and Bolling, D.—The Amino Acid Composition of Proteins and Foods, Second Edition, C. C. Thomas, Springfield, Ill., 1950.

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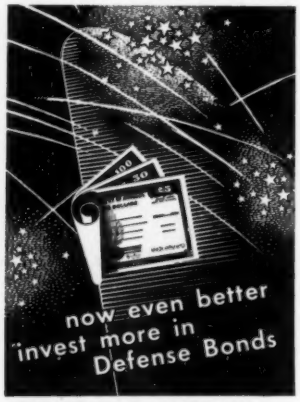

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My Child Has Diabetes

(Continued from page 37)

game where the boys are arguing and yelling at the top of their voices think of all the energy being used up. That type of play burns sugar faster than a calm, quiet game. The insulin reactions and Benedict tests (which show the presence of sugar or acid in the urine) tell me so. Tension when exercising also burns sugar faster. Loss of temper seems to bring on a reaction faster than exercise for John. The time of day is important, too. The risk is greater in the two hours before a meal than it is in the two hours after a meal. However, if he wants to play with the boys he will have to do it when the gang wants to play and the diabetes will have to be adjusted to the game. When John was younger, I used to check his pockets to be sure he had sugar or candy with him. He failed to have the necessary carbohydrate with him only once, and that time his friends hunted in all directions as soon as they found he needed it.

Some of the most intelligent understanding came from John's playmates. I have seen them stop a ball game and holler, "Take some sugar, John, you're getting cross." Then, after waiting a few minutes, they would go on with the game as though an insulin reaction were no more important than stubbing a toe. John reflected their attitude and joined them on an equal basis in everything except eating. One day his friend Jimmy came over to find out how I could tell by a test that John had eaten a piece of lemon pie at his house, since I hadn't been there to see him eat it.

We decided that if we were going to keep John living with a hypodermic needle we were going to let him live an honest, fact-facing life. To avoid creating habits of evasion we told people the truth when they asked why he couldn't eat as others did. In our case it proved the easiest way. From the beginning John accepted his handicap with better grace than the other members of his family. When they had ice cream cones or candy we gave John the equivalent in money instead. With this he bought airplanes, boats, balls, bats, gloves and many other possessions. I have never heard him complain of being a diabetic and he once told me he never knew a boy who had more fun than he did.

When John was nine, he wanted to be a Cub Scout. I became a den mother and was able to observe his social adjustment at close range. It was an interesting experience that showed me John was no different from the other boys. We hesitated to allow him to stay overnight with friends or go swimming without an older member of his family along until he was about 14. However, by the time he was 16 he had flown halfway across the country with none of us along.

Freedom of thought and action is essential to healthy play for any child, but a diabetic needs someone nearby in the earlier years to be able to enjoy this freedom. That job was mine, I have always felt, until John was mature enough to understand the full benefits, methods and risks of taking insulin; the need of regularity in eating and sleeping; the dangers of infection; food values and approxi-

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mate portions. I wanted him to assume the responsibility gradually, as a duty but not a burden. This he has done with ease and without resentment.

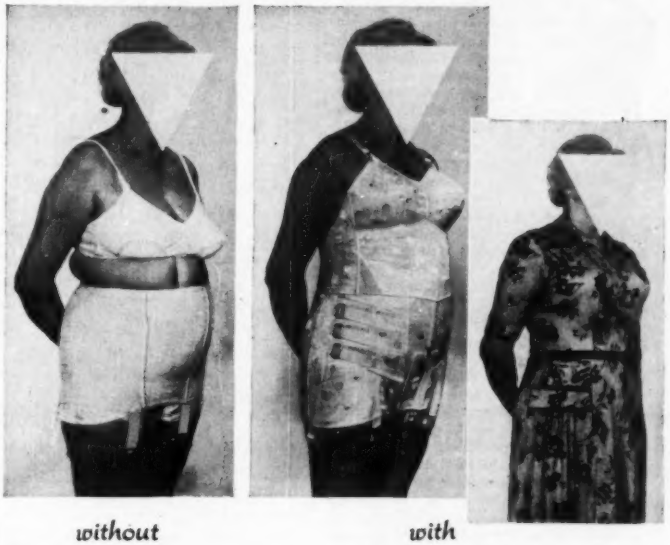
John is 22 now and a university student. His high school years were happy. He was athletic manager, president and first trumpeter in the band, had a part in the junior and senior class plays and was always an honor student. He was also active in the youth group at church. Despite missing two full years of school he graduated at 19. He has driven a car since he was 15, held a job each summer since he was 16, plays golf and tennis, bowls and, in fact, does all the things other boys his age do. He has many plans for the future with no fear of diabetes. At 22 he is taking a little more than half the insulin he took at 17. He is about six feet tall and well built. I wish I could have seen this picture of his future the week I had to learn to give him insulin. I believe that if you give a diabetic child good care under the guidance of a good doctor he will, with average good luck, be like any other child.

Answers to Technical Ticklers

(See page 55)

1. The bone marrow. ("I Live on Other People's Blood," page 41.)
2. On the child's age and level of development. ("How Much Should Parents Expect?" page 68.)
3. From four to six weeks. ("Bank for Blood Vessels," page 32.)
4. The heart. ("Weight, Heart and Blood Pressure," page 28.)
5. Ninety-eight per cent, *if they are treated promptly.* ("Your Skin and Cancer," page 26.)
6. Milk. ("B_2, the Glowing Vitamin," page 50.)
7. Oil of bergamot, a citrus fruit. ("Colognes and Toilet Waters," page 44.)
8. Twice a year is recommended. ("Your Health Is Your Business," page 30.)
9. The kind of mole from which hair grows. ("Your Skin and Cancer," page 26.)
10. Quiet. ("First Aid," page 17.)

Compare the difference



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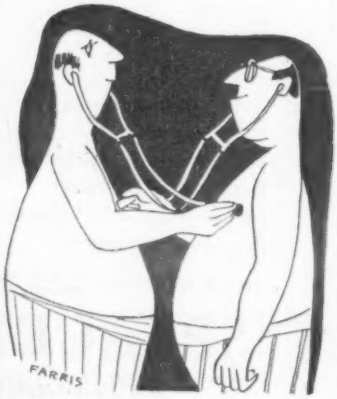
I'm Glad I Didn't Give Up

(Continued from page 25)

Once insulin was injected, I *had* to eat my planned diet, even if I felt sick, to give the injection something to work on. And the only test that would tell the blood sugar content was a blood test run at a hospital. All other tests were only indications.

How could I do this in the woods, I wanted to know. And the answer was a real blow. Don't be silly! You're not going near any woods. And you can't pack your lunch for a hike and eat all that bread, either. Nor can you go out on those fishing tubs and eat the greasy food they hand out. Mister, you're going to enjoy home life with an occasional game of golf.

And on top of that the Army, which had been mighty anxious to give me a reserve commission, dropped me like a ton of bricks and indicated that, even in an invasion, they'd take women and children first. I was an invalid, and felt blacker despair than I had ever known in my life. All the things I loved taken from me—the outdoors, the companionship with my family there and the friendship of other outdoorsmen; the peaceful tranquility of the woods, the peering from a tent in the moonlight and hearing the call of the loon or the splash of the moose or Brer Bear sniffing his way around. I could imagine the children making excuses for the dad they'd always bragged about and pitying me, but leaving me at the call of their own active amusements. And growing away from me, with the same old outdoor interests to share among themselves and regretfully puzzled that I no longer could share with them.



I wasn't worried about earning a living. There were still plenty of memories and experiences to write about. I had formerly taught at a university. And I could do more writing about sports. For example, I was to judge the Golden Gloves semifinals that night, as I had for several years, and there would be story material there.

As I took my place with the other ringside officials I envied those husky young boys who would shortly be in the ring. The state physician had examined them and found them in perfect health. I was a has-been.

The first bout was for middleweights, and as I saw the shoulders and torso of one coming through the ropes I looked at my card in surprise. These were the shoulders of a heavyweight, but my card listed him and his opponent as middleweights. I looked up again and got a shock. And then a thrill, and possibly a ray of hope. This boy was a victim of polio; his left leg was as spindly as my wrist! And he was in there engaging a strong limbed boy.

This boy won his match. He was dressed in street clothes waiting for his teammates when I handed up my last tally card for the fights and sought him out. Had he, too, been told he must be resigned to be a cripple?

No, he hadn't. But it had seemed so darn hopeless. The nurse who worked with him after he left the hospital encouraged him but he had given up. He had cooperated long enough to learn to use his crutch and then stopped. He could see there was no flesh on the leg. It would always be useless. Yes, agreed the nurse, you're not going to get better, but you can learn to use it better. She bundled him into a car one day to take him to an iceboat race. It wasn't much of a race. It was three iceboats watching a fourth run away from

them. The nurse drove her car over the thick ice to the winning boat. She got out and helped another boy lift the winning driver from his special seat, and together they carried him to the nurse's car. The boy had cerebral palsy so bad he did not have the use of his arms or legs at all! Propped up in his special chair he could control his hands, and special controls allowed him to steer the iceboat.

"The nurse made me go home with this boy and visit for a while," said the boxer. "Gosh, this kid could do almost everything he wanted to by means of special gadgets. He showed me the special rig he had put on a sailboat and a motorboat, and he had a little land scooter that he could drive around the neighborhood. His one big defeat up to the time I met him was that he couldn't play chess without knocking all the pieces off the board; he hadn't perfected a gadget that would let him control his arms over all the positions on the board. He told me how he could swim after a fashion and handle a fishing rod. Here was a kid that not only couldn't walk, but couldn't control his arms or his neck making me feel like a big sissy."

The boxer told me of his troubles getting started, and how he finally branched out into sports. "The use of the crutches had given me big arms and shoulders. I learned to prop myself with my left leg and hop with my right. I lost a lot of fights because I got knocked down so easy. It was hard work, but I'm sure glad I didn't give up."

I decided to stop pitying myself and to fight my own trouble. The doctor had said that the only way to keep a diabetic alive was to teach him to know his own metabolism and physiology as well as the doctor himself knew it. And I began to study. Popular books, technical books, medical books. When I didn't understand the words or the ideas, the doctor and I had a bull session.

I began to experiment. I'd eat an outdoor type breakfast, take insulin, and then spend the morning chopping wood, digging or doing some other form of violent exercise and then I'd make what tests I could and go to the hospital for a blood check. I tabulated these findings. The next day I'd eat the same type breakfast, change the amount of insulin and then loaf in a lawn chair, as I would if I were fishing. Then I'd make my tests and hurry to the hospital for theirs.

I was lucky in having a friend who was both writer and doctor. He was 1500 miles away when I wrote him. Three days later he wheeled his car into the driveway of my Florida home. We were going to give it the acid test. We were going on a subtropical hike through the jungle and into some of the canals with a folding canvas boat. We were going to live on the concentrated foods in our rucksacks and the many edible plants and palms that abound in the jungle.

It was hot and muggy. The underbrush was so heavy we had to cut every foot of the way. For a change, I decided to get down on all fours and crawl for a while. This nearly terminated the experiment. I crawled around a small palmetto and came face to face with a coiled and startled rattlesnake!

I froze right then, and without even moving my lips informed Claude of the situation. A snake bite in the face would be a sure cure for diabetes. And breathing.

Claude quietly cut a stout branch, stuck the end between two coils and lifted. The snake hung on, as snakes will, and Claude dumped him out of the way where he scurried off, as rattlers will if you give them a chance. After that we walked upright and made plenty of noise.

We spent a week of alternate hard work and loafing. On return, I hastened to the hospital and found I had kept the proper blood sugar balance. I had learned the complicated problem of juggling insulin in-

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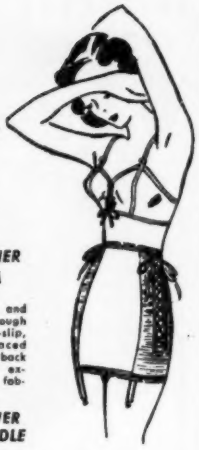

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take in accordance with my varying activity and diet, and to read correctly the analyses I could make. The doctor withdrew his objections.

"What had me worried was the way these effects add up," he told me. "You bring your blood sugar down a little today and nothing happens. Then you bring it down a little more tomorrow and just feel a little tired, which you think is natural. Then the next day you have a bad case of insulin shock and what will you do? Nobody knows. I had one patient who kicked his way clear through the bedroom wall while having one and didn't remember a thing about it, and I had another who ran his auto into a row of trees during shock. I could just picture you on board one of those fishing boats or out in a canoe . . . Well, this trip shows you did it for a week. Try it for a couple of weeks now. Each time when you get back I want to see a blood sugar test run."

Those words were spoken 18 years ago. In the intervening years I have lived whatever sort of life I wished, with no ill effects. In fact, I didn't get into trouble until World War II brought a scarcity of young men and I tried to take a hand in too many civic activities. A good dose of family outdoor camping cured that. At the time I was somewhat dubious. I had been teaching for several years and my insulin was balanced to a rather sedentary life. To further complicate things, I was using a different type of insulin that was taken only once a day. In the morning you had to predict what your requirements would be for the next 24 hours.

The ten year old who had been with me when I first got diabetes was now a father. The others had married or were with the Army in Japan. We had a new six year old that I wanted to have the same wholesome outdoor association with her parents the other children had

had. Well, I thought back to that Golden Glover with polio. Fifty-two years of age didn't seem so terribly serious.

We were living now in the Midwest, on the shores of a lake. I started where I'd left off 18 years before: ate an outdoor breakfast, went to the university and spent a quiet day. Week ends i ate, took insulin and paddled 15 miles in the canoe. Then blood tests. I regained the knack of varying the injections. Our family returned to its former life of healthful vagabondage.

I can't juggle the heavy packs and canoes as I used to (because of age, not diabetes). But I resigned from my teaching job at the university and we went back to our former gypsy life.

As medical science advanced in the study of the disease, so did my doctor and I. There is money involved. It costs me 50 cents a day for capsules containing elements that my doctor feels I need. But the price of one highball is little enough to pay for that wonderful feeling of bounding health.

I weigh the same 162 pounds that I weighed in my best days. The fact that I have a chronic, incurable disease comes as a shock to new friends and acquaintances. Yes, I think back to that Golden Glover, and his tale of the cerebral palsy victim that inspired him to fight his polio deformity. I know *he* inspired me to fight and not resign myself to a life of invalidism.

And I hope, if you think you're hopelessly handicapped right now, that this may help you to fight back and live a normal life.

I'm glad I didn't give up.

What's in a Name?

My son has developed a new set of friends.
There's Harrison, Flaherty, Morgan and Lenz.
But what has become of the others he knew,
The youngsters he's liked since a baby of two?
Young Tommie, for instance, and Billie and Pat?
And then I discovered the answer to that.
For the boys are the same—but my son had me told—
"First names are for kids and we're seven years old!"

Evelyn Amuedo Wade

helpful hints for better living

On page 72 of this and each succeeding issue of TODAY'S HEALTH there appears a brand new Editorial Feature that we feel certain will be interesting and helpful to you.

HELPFUL HINTS FOR BETTER LIVING is designed to offer you more complete information about products advertised in TODAY'S HEALTH. Many firms have interesting booklets and pamphlets that can be "yours for the asking" and it's because we've received so many requests from TODAY'S HEALTH readers that this new service has been established.

We sincerely hope that you will turn to page 72 because we believe you will find there items about which you will want more information. The READERS' SERVICE coupon at the bottom of the page will prove quite helpful, and all you have to do is circle the numbers of the items in which you are most interested and mail it to the TODAY'S HEALTH Readers' Service Department.

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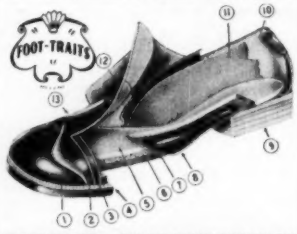

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Bank for Blood Vessels

(Continued from page 33)

had been tried, but successes in animal experiments had not been consistent enough to warrant trial in human beings no matter how dire their need. Many of the old methods were restudied, both by animal experiments and tissue cultures. A satisfactory preserving medium was finally evolved. For the nutrition of the graft, the preservant contained a "balanced salt solution," consisting of carefully calculated amounts of seven different inorganic salts, and human blood serum. A buffer solution was added to prevent any acid or alkaline changes from the life processes of the graft. Finally penicillin and streptomycin, potent weapons that previous researchers lacked, were added to the solution to prevent infection of the graft. Pieces of arteries to be preserved were placed in separate glass flasks containing the nourishing medium, closed with rubber stoppers and stored in the hospital blood bank at temperatures varying between one and four degrees Centigrade, or just above freezing. Under these conditions, the arterial grafts remained alive and growing for four to six weeks and retained the characteristics of a viable artery.

The grafts were tried extensively in animals before they were used in human patients. Once again, the dog made a contribution to the health and happiness of his traditional friends, children. Segments of the largest artery, the aorta, were removed from dogs, stored in the new medium up to 50 days and then grafted into the aortas of other dogs. The grafts were successful in all but one of 21 dogs. After such good results, the technique could be applied to patients whose desperate need for surgery on their arteries could not be met satisfactorily by the present method of using one of the patient's own arteries for the operation.

The human grafts were obtained from the bodies of people who died in automobile accidents—an abundant source! Pieces of four large arteries, including the aorta, were removed in each case under the strictest operating room conditions. The surgeons wore caps, masks, sterile gowns and gloves; sterile drapes and surgical instruments were used.

"Don't fuss, honey—I can only eat and run."

All operations were done within five hours after death. Needless to say, the bodies were scrupulously examined for any evidence of infectious disease. Each graft was immediately placed in a sterile glass flask containing the newly developed medium and stored in the hospital blood bank.

Soon—as the infinitely careful march of science goes—the cases of 15 children in whom preserved arteries had been grafted were reported. Eight of these young patients were "blue babies." They were born with anomalies of their hearts and great vessels that resulted in insufficient blood reaching their lungs to receive oxygen. Without treatment, they were doomed. After a preserved artery was grafted between an artery supplying the lungs and an artery leading to other parts of the body, thus shunting more blood into the lungs, five of the eight were benefitted, and the condition of one patient remained unchanged. In the two patients who did not survive the operation, the grafts were proved not to be at fault, death resulting from the seriousness of the disease itself.

In six children born with an obstruction of the principal artery leaving the heart—coarctation of the aorta—whose life expectancy was reduced to an average of about 30 years, the obstructed portion of the artery was removed and a preserved artery grafted between the cut ends. The operation was successful in every case.

Now dozens of successful cases are in the medical records, and surgeons at medical centers from coast to coast are ready to perform the operation whenever it is needed.

The method of preserving arteries in the living state represents, in itself, a distinct advance in medical science. It opens up wide and interesting possibilities not only of other uses for arterial grafts but for the preserving of other living tissues. With appropriate modifications, the method might be applicable to connective tissues, bones, nerves, cartilage and other parts of the body. Hospitals before long may, indeed, have an amazing stock of human spare parts.

When clipper ships plied the trade lanes

There's probably no more romantic period in America's maritime history than the Clipper Ship era of the mid-nineteenth century. These handsome, rakish vessels made the ensign of the United States familiar in every quarter of the globe.

Man's desire for clipper-ship speed in the China tea trade and the rush to the newly discovered California gold fields were two of the reasons behind New England's development of the clipper ships. One of the fastest clippers, the *Flying Cloud*, set a record in 1851 never beaten by any other sailing vessel—89 days from New York to San Francisco. Many others set records that took more than a quarter of a century for steam vessels to equal.

By any standard of beauty, the American Clipper Ship was a noble-looking, majestic vessel. Each was identifiable by its distinctive, and usually symbolic figurehead. The *Nightingale* carried a beautiful bust of Jenny Lind; the *Witchcraft*, a Salem witch astride her broomstick.

It's possible that bicarbonate of soda was carried in the lockers of many of these clippers for it was in this same period—the year 1846—that Church & Dwight first began their baking soda business. Our product, U.S.P. Bicarbonate of Soda, is sold under two familiar brand names, Arm & Hammer Baking Soda and Cow Brand Baking Soda.

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I Live on Other People's Blood

(Continued from page 41)

tube into the bottle cap and hung the bottle upside down by a wire through its base high on the tall metal standard, like a cross attached to the bed. The long yellow plastic tube became red as the blood ran through it. I could picture the same thing happening inside me as the blood coursed through my anemic veins.

Again I heard "This won't hurt" as the needle attached to the tube was plunged into my arm and affixed firmly with adhesive tape. This time I wanted it to hurt. I wanted to feel every process of the blood running into my body, giving me life. But there was no sensation, no feeling as the blood dropped noiselessly into my arm. Slowly, through four hours, the bottle had gradually become empty, and I felt no better. I *must* feel better, I thought, looking at the bottle that no longer glowed with the rich blood that had now become part of me. I must live. I thought of my husband who had just gone home to the children. They're both teen-agers, and teen-agers need their mother.

Anxious Seat

Today the lap of luxury
Is no place to relax;
She's apt to suddenly arise,
On feeling tax.

Margaret Evelyn Singleton

The second bottle was still half full when I noticed that the window was a pale gray below the yellow shade. Strange ghostly figures became visible in the courtyard below. In the brighter light of morning, they would emerge as the trees and shrubs that made up the garden.

A nurse soon came briskly into the room, raised the blind and switched off the light. "Good morning," she said, as she checked the transfusion apparatus. I answered weakly, but thankfully. I had lived through the night to the dawn of another day.

"A strange feeling, living on other people's blood," I murmured when an intern came in to start me on my third pint.

"Thank heaven for the blood bank," he said, as he fixed the new bottle, not knowing that it was my doctor who had organized that life-saving institution ten years ago.

Little did I realize then, in 1942, as he told me about the new venture, that it would one day be the only means of keeping me alive. Failure of my bone marrow to make blood has for the last year made me so anemic that regular monthly transfusions have become my only hope. During that time, people have generously answered the appeal with their own blood—students at the college my daughter attends, fellow workers in the recreation department where my husband works. They donate blood regularly (every three months) to the blood bank in my name. I live only by the courtesy of those donors. Healthy, full-blooded people do not realize what it is to be without blood, to be so listless that raising an arm is an effort.

"Don't you find it tedious lying there so long, for so many hours flat on your back, getting blood?" a friend asked, pity in her voice, when she came to visit me. Tedious! How can it be tedious when it means life! Life in each miraculous drop of blood, blood that enables me to help rear my family, to be a useful member of society.

The third bottle is nearly finished. I ring the bell for the nurse to remove the needle from my arm. She comes in with the intern who started the transfusion.

"Look at the pink in her cheeks now," he exclaims, looking at me as if seeing a miracle. And the nurse tells me that, no matter how often the hospital people see a transfusion, the change in the patient always seems like a miracle to them.

I don't need the mirror the nurse brings to show me the change from the ashen-gray face of last night. I can feel the strength that has returned to my body as I sit up in bed.

Tomorrow and the next day will be spent getting more blood—another three pints, making six in all this time. Then I can go home. I shall have the strength to carry on a nearly normal life as a homemaker and mother until my body needs blood again. But I'm not worried about that now. I know the blood bank will come to my rescue.

Colognes and Toilet Waters

(Continued from page 45)

wearers sunbathe. It is interesting that in countries where the oil is pressed from lemons and limes by hand, a small apparatus is used to express the oil from the bergamot. We may surmise that a high incidence of sensitivity among the workers made hand pressing methods unsatisfactory.

When a reaction does occur, the physician is indeed fortunate if he can positively identify any one oil or chemical as the responsible agent. A list of the oils used in the perfume is usually not available and it is still more difficult to get samples of each with which to make patch tests. Sometimes a combination of ingredients may be responsible. If so, chances are that they will be found together in other perfumes as well and the person may find it necessary to stop using all perfumes and perfumed products. Several cosmetic firms offer their entire lines unperfumed so that the perfume-sensitive person does not have to forego the use of cosmetics.

Most of us, fortunately, can enjoy the use of perfume and can confine our concern to the selection of the proper one. Many ask, "What should I look for in a perfume?" There is no detailed answer at the moment. Researchers have been trying in vain for some time to determine what qualities give a fragrance universal

and lasting appeal. Your best bet is to experiment yourself with various scents and let your nose be the guide to the one that pleases you most. Be sure to allow plenty of time for your selection. Toilet water and cologne have a "top note"—an odor released right after they are applied. This is not the true odor so your decisive sniffing should be delayed for a few minutes until the "top note" has disappeared. Then, in a good quality product, the true or basic odor will persist as long as any scent is present. The odor of a poorly formulated product may change character within an hour after application. Also in your selection try only two or, at most, three odors at one time. The sense of smell tires quickly and it is difficult to discriminate between many odors at once. The fragrance product best for you is the one that gives you the most pleasure. Only careful selection will ensure satisfaction.

Once you have a fragrance you like, use it to make everyday living more pleasant. I would be the last to advise that, like Napoleon, you should use an average of 54 bottles a month! But I do think that too many women still accumulate bottles of fragrance products on their dressing tables waiting for special occasions. Remember the alcohol in these products evaporates just as do the perfume ingredients. So what seems like economy may actually be extravagance.

You may sometimes hesitate to take your cologne or toilet water with you on week ends or vacations because you fear it will spill. One way to ensure against this is to get a pharmaceutical cork from your druggist, and place it securely in the neck of the bottle. Or, you may seal the usual cap or bottle top with paraffin or sealing wax. Do not use nail polish for sealing because the alcohol will dissolve the polish. Always have at least one-third of the bottle empty so there will be air space for expansion.

As we approach the winter season, one note of caution is in order. Avoid spraying any fragrance product on your fur coat or collar. Rather spray the lining, or even better, sew a special pocket on the lining at the shoulder to hold a piece of cotton impregnated with your favorite scent.

I hope these hints will help you obtain the greatest satisfaction in the use of fragrance products.

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by ELIZABETH B. HURLOCK, Ph.D.

How Much Should Parents Expect?

PARENTS have a tendency to expect too much or too little of their children. It is unusual if parental expectations coincide with the child's capacities. And yet this is most important because either extreme can damage the child's personality. What you expect of your child will go a long way toward determining what sort of person he will grow up to be.

Expecting too little of a child is likely to make him careless, carefree, slovenly, shiftless and irresponsible. He will be the sort of person who believes in "letting John do it." Why should he develop a sense of responsibility when nobody expects it of him? It is so much easier and pleasanter, he figures, to slide along through life and let the others do the worrying.

Let us see what happens at the opposite extreme, to the child whose parents expect too much of him. He is likely to develop feelings of inadequacy which border on an inferiority complex. Then he will either toot his own horn to keep up his courage or, more likely, develop into a shy, self-conscious, self-effacing nonentity. Furthermore, he will be worried and unhappy because he is falling below parental expectations. He may even develop habits of deceit to cover up his shortcomings.

The child whose parents have realistic expectations is thereby motivated to develop a healthy concept of his own abilities and make the most of them, and so he has the best chances for happiness and success in life. He will learn to be satisfied with what he can do only when he knows it is his best. There will be no feelings of guilt because he has disappointed his parents or has made them ashamed of him. He knows they have learned to accept him for what he is and he does likewise.

How, you may ask, can a parent know when his expectations are right? How can he guard against expecting too much or too little? Here are some suggestions to follow and some pitfalls to avoid:

1. Judge your expectations by your child's attitudes and behavior. If he is anxious, troubled and resentful, and if he makes no headway in spite of sincere efforts, you know that you are expecting too much. But when he can do what you expect of him with minimum effort and his attitude is casual and indifferent, it means that you are expecting too little. Correct expectation is shown in gradual improvement accompanied by a healthy, relaxed and cooperative attitude.

2. Set standards in keeping with your child's level of development. This can be done by using norms from any standard book dealing with child growth and development. But remember that your child will almost surely be slightly above or below these group averages. Be sure to allow for such individual differences in setting standards and goals for him.

3. Setting a standard does not mean that its achievement will come overnight. Nor does it mean that the goal will be reached automatically with little effort on the child's part. Forming habits takes time. There are bound to be many slips before the goal is finally reached. Don't, therefore, expect perfection, and don't show the child that you are disappointed in him. Accept his backward steps philosophically and be confident that all will go well in the future.

4. Remember that the whole pattern of child rearing has been radically changed since you were a child. Children of today are ahead of the children of our generation in some areas of their behavior and behind in others. Don't, therefore, make the mistake of basing your expectations on standards in vogue during your childhood. Rather, set standards in keeping with today's pattern of child rearing and behavior.

5. Don't base your expectations on your child's size but on his age and level of development. When he is a toddler, you are likely to think he is incapable of doing anything for himself just because he looks so small and helpless. Then, when he suddenly shoots ahead in size and development, at adolescence, there is a temptation to expect adult behavior. Both expectations are unfair. When you judge him, judge him in terms of his abilities rather than his size.

6. Don't allow your expectations to be influenced by your child's position in the family. Your older child should not necessarily be two years older in behavior than the second child just because there is a two

On this page each month you will find a discussion of some significant phase of child development, from infancy through adolescence, with practical answers for specific problems. Address your questions to Elizabeth B. Hurlock, Ph.D., c/o TODAY'S HEALTH, 535 North Dearborn Street, Chicago 10.

year age differential, nor should the younger be expected to live up to standards that were set by the older at the same age. Nothing will make trouble more quickly than to compare one child with another. Furthermore, the first-born should not be expected to assume mature responsibilities just because you need his help, nor should the youngest be babied just because he is the baby of the family. Treat each child in accordance with his capacities, regardless of everything else.

Questions

MODERN DATING. I am 13 years old. My mother does not allow me to go to the movies with a boy. She said that, in her day, boys and girls of 13 were still children and did not date.

Boys and girls of 13 are not really children, nor are they adolescents. They are in a difficult in-between age. That is why it is so difficult for parents to know just what privileges to allow these young people to have. The correct thing to do depends to a certain extent on what other boys and girls of the some age do in your community. In your mother's day, dating did not begin as early as it does today. But if the other boys and girls you go with date, perhaps you can persuade your mother to see the matter in a new light. You might compromise with her and ask her permission to go on double or triple dates until she feels you are old enough to go out alone with a boy.

CLOTHING ALLOWANCE. Do you approve of giving teen-agers a clothing allowance?

Nothing will teach teen-agers to be careful of their clothes more quickly than to have to go into their own pockets. A clothing allowance also helps them to appreciate values in a way they never did before. While they are learning, however, it is wise for an adult to go along on shopping trips to make sure that they do not put money into clothes of poor material or color, or of so dated a style that they cannot be worn through more than one season.

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Books on health

Better Living Booklets for Parents and Teachers

Published by Science Research Associates, 57 W. Grand Ave., Chicago 10. 48 pp. Single copies 40 cents, three copies $1, subscription and quantity. 1952.

Helping Children Understand Sex

By Lester A. Kirkendall, Associate Professor of Family Life.

A survey of the parents' role in giving children a wholesome understanding of sex is presented here. It is not "a once and for all" job, but a continuing effort from birth to maturity. Particular emphasis is placed on answering the first questions and on the problems of adolescents. The roles of the home and the school in sex education are discussed and the objectives outlined for different age levels.

Parents and Teachers as Partners

By Eva H. Grant, Editor, *Maternal Parent-Teacher*

Children are benefited by the cooperation of the two greatest influences in their lives—home and school. The problems and responsibilities of parents and teachers, individually and together, are discussed in terms of child growth and development. How each can help the other, how cooperative organizations can be developed, and how this help and cooperation will strengthen the community's support of its youth are discussed in some detail.

Your Child and Radio, T.V., Comics and Movies

By Paul Witty, Director of the Psycho-Educational Clinic, Northwestern University, and Harry Bricker, Atlantic Area Teacher Education Source, Emory University.

These communication media are not all bad, but certainly they are not all good. Helping children to build critical judgment in the selection of programs and the frequency of indulgence, in conjunction with adult control of the entertainment habits of children of different ages is the basic theme. Suggestions are made on how to use these media for education as well as entertainment. Techniques of community organization are offered for handling particularly troublesome problems.

D. A. Dukelow, M.D.

Growing in the Older Years

Edited by William Donahue and Clark Tibbitts. 204 pp. $2.50. University of Michigan Press, Ann Arbor. 1951.

Third and last of a fine series of volumes dealing with proper adjustment of our aging population, this is perhaps the best because it provides so much practical, usable information about programs and facilities, as well as assisting oldsters to insight and planning. The final chapter, "A Mid-Century Forecast," is especially stimulating.

William W. Bolton, M.D.

Twentieth Annual Survey of Football Fatalities

Prepared by Floyd R. Eastwood. 10 pp. American Football Coaches Association and Football Rules Committee, National Collegiate Athletic Association. 1952.

This report lists individually the circumstances of the 1951 football fatalities and presents a statistical study of all the circumstances surrounding the 551 football fatalities over a 20 year period. It should be in the hands of all school administrators and coaches and those who are concerned with athletic programs of youth organizations. The report may be obtained free of charge from D. O. McLaughry, Secretary-Treas-

urer, American Football Coaches Association, Dartmouth College, Hanover, N.H.

DONALD A. DUKELOW, M.D.

The Master Dictionary of Food and Cookery

By Henry Smith. 263 pp. Philosophical Library, Inc., New York. 1951.

Living up to its designation as "master," this volume provides a delightful culinary Cook's tour of foods of all descriptions. It is a unique presentation intended essentially as a reference book for chefs and other food specialists, but it will provide fascinating information for anyone interested in eating.

WILLIAM W. BOLTON, M.D.

H is for Heroin

By David Hulburd. 122 pp. $1.75. Doubleday & Co., Inc., New York. 1952.

Mr. Hulburd has told his story in the language of the participants. Fifteen year old Amy Burton moved with her parents to a Los Angeles suburb. Because of the ambition of her father in his business and her mother's boredom which caused her to become employed, Amy was left to her own resources. Lacking close parental supervision, she went through truancy, marijuana and heroin addiction and ultimately marriage, at 17, to another addict.

This story, told in the language and from the point of view of Amy, then her mother, then her father, and finally summarized in the words of Amy, is rather terrifying. It illustrates what can happen when youngsters who are trying to learn to get along in the world encounter difficult problems without supervision or guidance. Though Mr. Hulburd has written this for young people, it would be more suitable reading for their parents.

D. A. DUKELOW, M.D.

"Controls from Within"

By Fritz Redl and David Wineman. 322 pp. $4.50. The Free Press, Glencoe, Ill. 1952.

This book, a sequel to "Children Who Hate," is a systematic account of the treatment methods used with five severely disturbed, aggressive boys aged eight to ten during their 19 months at Pioneer House. "Children Who Hate," which should be read before this volume, is a major contribution to the understanding of such behavior. "Controls from Within" is a detailed discussion of how it may be treated constructively. It shows the combination of understanding and heroic patience by which the negative, emotional explosions of these disturbed children were gradually made less frequent and less intense.

GLADYS GARDNER JENKINS

The National School Lunch Program

A progress report by the U. S. Department of Agriculture, Production and Marketing Administration. Pamphlet 208. 19 pp. U. S. Department of Agriculture, Washington, D. C. 1952.

This exposition of a growing contribution to betterment of the nutritional welfare of our country's children presents charts and graphs illustrating the growth of the school lunch program and improvement made in the quality of the lunches. Of some note is the increasing interest and support that local and state organizations are lending the program in response to the impetus engendered by the Department of Agriculture. (For additional information on how the program works, read "Your Town Can Have a School Lunch Program" in last month's *Today's Health.)*

SAM FERRIS
JAMES R. WILSON, M.D.

Mild Silver and Furious Gold

By Vesta Nickerson Lukei. 63 pp. $2.25. The Citrograph Press, Redlands, Calif. 1952.

It is a pleasure to meet nowadays, a book like this, with poems that have rhyme, rhythm, reason and romance instead of the frustration and ragged writing of so much that passes for poetry today. Here is beauty without mawkishness. Here is love, not without passion or sex, but definitely without the vulgarity that mars so much modern writing. This is a refreshing collection, worth keeping handy to pick up when things look blackest. It should give you a lift.

W. W. BAUER, M.D.

Coming in Today's Health

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Our Nation's Greatest Resource

by Paul Witty, Ph.D.

The IDENTICAL Breast Form presents

THE FIRST BASICALLY NEW IDEA IN BREAST FORMS!

After a successful mastectomy
IT RESTORES
APPEARANCE
SELF-CONFIDENCE
MORALE
TRANQUILITY

UNLIKE any other breast form
the "IDENTICAL"
is scientifically so designed that
IT NOT ONLY SIMULATES THE NORMAL BREAST TISSUES IN CONTOUR

but also in
TEXTURE
ACTION
TEMPERATURE
WEIGHT
and correct POSITION

Can be used in any well-fitting bra, foundation garment or bathing suit. Eliminates pinning or hooking down.

Recommended by leading surgeons—
Carried by leading stores!

IDENTICAL Form, Inc.
17 West 60th St. New York 23, N. Y.

Please send literature on the "IDENTICAL" Breast Form, and name of nearest dealer. TM
Name.....
Address.....
.....

Helpful Hints for Better Living

As a convenient service to Today's Health readers, there appears on this page additional information about products advertised in Today's Health. We will gladly forward your requests to the manufacturers whose products are mentioned—simply circle the corresponding number on the Readers' Service Coupon and mail the coupon to us today. We hope this information will prove interesting and helpful.

129 Just Right for Baby

The Intercel filled celanese quilted jersey baby blankets manufactured by Jack Turk and Co. of New York, under the name of **Kozee Komfort,** have proven so successful that a line of children's products made from this combination of materials is now available for baby. These include perambulator suits, sleeping bags, baby buntings and bathrobes. Soft, smooth and comfortable, these products retain their shape, and are moth and mildew resistant. They also wash easily, dry without shrinkage and give warmth without weight. For the name of your nearest dealer and additional information, circle No. 129 on the Readers' Service Coupon.

107 Hollywood Shampoo

Million-dollar Hollywood personalities know the value of soft, natural, youthfully glowing hair. **Studio Girl** Luxury Cream Shampoo was born in Hollywood, where the hot lights of movie and television studios tend to rob hair of softness and natural beauty. Studio Girl is rich in lanolin. It helps make hair lovelier nature's way—and keeps it that way! It requires only one sudsing and no rinse! Studio Girl Luxury Cream Shampoo is available at cosmetic counters and through Studio Girl distributors.

108 That "Salt-Free" Diet

If your doctor has limited your sodium intake and put you on the so-called "salt-free" diet, you will be interested in the new product just introduced at the recent American Medical Association Annual Session in Chicago. It's **Adolph's Salt Substitute.** Sodium free, it tastes like salt and adds all the necessary tang to make diet foods taste like food prepared with ordinary table salt. It looks and sprinkles like salt and can be used in preparing foods for the entire family. Salt Substitute should not be used in cases of kidney failure. For a handy trial-size pocket shaker of Adolph's Salt Substitute, send ten cents to Adolph's Food Products, Dept. S-F, Los Angeles 46.

110 Full Figure Fashion

Brassieres expertly created for fuller figures are the specialty of **Cordelia of Hollywood.** Cordelia brassieres are noted for their "control-lift" design with an exclusive "separation control"; features that support the bust and shape to youthful, fashionable lines . . . all with superb comfort. Cordelia brassieres have won blue ribbons for several years in fashion awards at the California State Fair. Cordelia offers a complete line of corrective, surgical and maternity brassieres, as well as fashion models. For additional information circle No. 110 on the Readers' Service Coupon.

111 Soft Water Benefits

The benefits and economics of soft water service are described in a four-color booklet produced by the **Culligan Soft Water Service,** Northbrook, Ill. After showing how soft water service can save the average family more than $100 per year, the additional pleasures of whiter clothes, sparkling china and glassware and elimination of sticky bathtub rings are reported. Circle No. 111 on the Readers' Service Coupon to receive this interesting booklet.

109 Diet Delightfully

"Diet delightfully with **Diet-Delight** dietetic foods" is the slogan of the Richmond-Chase Company of San Jose, California, for its line of dietetic fruits and vegetables. Processed without added sugar or salt, they are packed in accordance with present Food and Drug Administration standards and have the natural flavor of each product. Diet-Delight dietetic apricots, pears, fruit cocktail, spinach, peaches, cherries and asparagus bear the Seal of Acceptance of the Council on Foods and Nutrition of the American Medical Association. The caloric and carbohydrate content is clearly stated on each label. A booklet, "How to Diet Delightfully," may be obtained, free of charge, by circling No. 109 on the Readers' Service Coupon.

118 Your Baby's Diet

The **H. J. Heinz Co.** offers, free, three valuable items every mother will want: (1) An attractive booklet, "Your Baby's Diet," with questions and answers on the uses and preparations of strained foods; (2) Heinz "Guide to Better Nutrition," an easy-to-read chart of food values and dietary information vital to the entire family; (3) A fascinating helpful history of the development of the modern baby food industry—"How Strained Foods Are Processed." To receive these interesting booklets simply circle No. 118 on the Readers' Service Coupon.

122 Fine Music for Children

The **Children's Record Guild** emphasizes happy child development through music. Children's Record Guild records offer rhythm, melodies and stories to stimulate imaginative, independent play hours. They provide children with new words, new knowledge, a new awareness of the world around them. . . A child learns about things through actual experience—with the help of good music. They are age-grouped, pretested, and nonbreakable. A booklet entitled, "Your Child Is Musical," describes the aims and achievements of the Guild and will be sent to you if you will circle No. 122 on the Readers' Service Coupon.

114 Feminine Hygiene

Betty Kay of **Beltx** Corporation offers a wonderful booklet on feminine hygiene. This booklet is full of interesting information on the menstrual cycle and also contains the Beltx Dial Calendar, a simple device for keeping track of periods. This booklet will be mailed to anyone who sends ten cents in coin or stamps to the Beltx Corporation, Box 807, St. Louis 1, Missouri. (The booklet, if ordered in reasonable quantities, is free of charge to any institution which uses it for educational purposes.)

TODAY'S HEALTH Readers' Service Department
535 North Dearborn Street
Chicago 10, Illinois

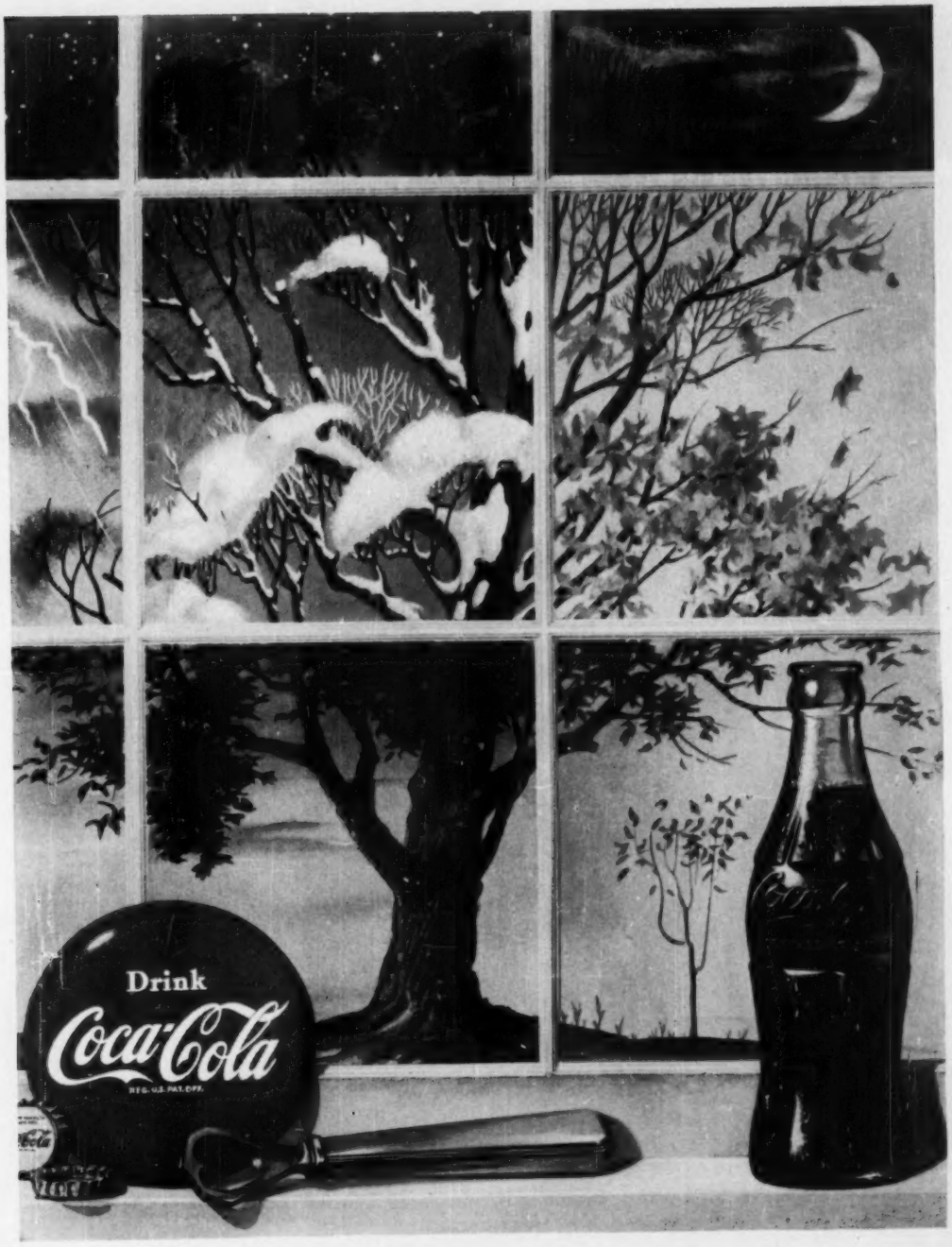
Please send me additional information on the following items:

129 107 108 110 111 109 118 122 114

NAME (Please Print).....

Address.....

52/11



Thirst knows no season

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For First Aid —

Even scratches may become infected if they do not receive proper care.

The 2% aqueous solution of 'Mercurochrome', one of the best antiseptics for first aid, can be safely applied to wounds.

Children report their injuries promptly when Mercurochrome' is the household antiseptic, because they know that they will not be hurt.

The solution keeps indefinitely; the color shows how well the wound has been treated.

Doctors have used 'Mercurochrome' for more than thirty years.

Keep a bottle of 'Mercurochrome' in the medicine cabinet, the kitchen, the automobile.

Call a physician in more serious cases.

Mercurochrome

(H. W. & D. BRAND OF MERBROMIN DIBROMOXYMERCURIFLUORESCEIN-SODIUM)

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